



Republic of Zambia

The Tourism and Hospitality Act, 2015  
 (Act No. 13 of 2015)

The Tourism and Hospitality (Registration of Hotel Managers)  
 Regulations, 2016

APPLICATION FOR PRACTICING CERTIFICATE							
Please complete in block letters		Shaded fields for official use only		Application No.			
Information Required		Information Provided				√	
<b>PART I PARTICULARS</b>							
1.	(a) Surname (block capitals) (b) Other names						
2.	Sex (Tick (√) where applicable)	Male		Female			
3.	Date of birth (dd/mm/yyyy)						
4.	Place of birth	District		Country			
5.	Nationality						
6.	(a) National Registration Card/ Passport/ Permit No.						
	(b) Place of issue						
	(c) Date of Issue (dd/mm/yyyy)						
7.	Address						
	(a) Physical address House No.						
	(b) Postal address						
8.	Contact details						
	(a) Telephone No.						
	(b) Fax No.						
	(c) Mobile Phone No.						
	(d) Email address						
9.	Type of membership (Tick (√) where applicable)	Full Membership		Associate Membership			
		Student Membership		Honorary Membership			

	<b>EDUCATIONAL BACKGROUND</b>			
10.	School, Technical College or University attended (give dates)			
11.	Course of study			
12.	Professional examination passed (give dates)			
	<b>PART II EMPLOYMENT RECORD</b>			
13.	Present employment			
	(a) Name of Employer			
	(b) Position held			
	(c) Date of appointment			
	(d) Nature of work undertaken			
14.	Previous employment (whole career to date)			
	Name of Employer	Date/Period Employed	Position	Nature of work undertaken
	(if more space is needed, please continue on a separate sheet)			
	<b>CATEGORY APPLIED FOR</b>			
15.	Classification of Establishment			
16.	Grading			
17.	<b>Appendices</b>			
	Certified copies of all academic and medical certificates are enclosed			
	Application fee enclosed			
<b>DECLARATION</b>				
I declare that the information furnished by me in this application is true, correct and complete to the best of my knowledge.				
I understand that any incorrect, misleading or untrue information or the withholding of any relevant information may affect my registration as an HOTEL MANAGER.				
..... Name of applicant		..... Signature		
..... Date				
<b>FOR OFFICIAL USE ONLY</b>				
Received by: .....				
Officer (Name and Signature)			Date	
Application Fee Received: ..... Receipt: .....				

Date presented to the Secretary: .....

Decision: .....

Date applicant informed of decision: .....

Fee for registration received: .....

Registration number: .....

Remarks: .....

OFFICIAL  
STAMP