



WHO/R1

**APPLICATION FORM FOR RENEWAL OF
PETROLEUM WHOLESALE LICENCE**

PETROLEUM ACT (CHAPTER 13:22) SECTION 29 LICENSING REQUIREMENT

INSTRUCTIONS 1. COMPLETE THE FORM FULLY (INCOMPLETE FORMS WILL NOT BE ACCEPTED) 2. USE CAPITAL LETTERS	OFFICIAL USE ONLY DATE RECEIVED: <hr/> RECEIVED BY:
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1. Previous License number:

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2. Renewal year being applied for:

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3. Registered Company name in full e.g. XYZ INVESTMENTS (PVT) LTD

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4. Trade name in full e.g. ABC PETROLEUM

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5. Contact Person:

Full Name	
Job Title	
Landline number (s)	
Cellphone number(s)	
Email address	

6. Retail facilities owned or leased (use separate page if information does not fit *in the spaces provided*)

Name of Site	Location	Capacity

7. Depots owned or leased (use separate page if information does not fit *in the spaces provided*)

Name of Depot	Location	Capacity

<p>Have there been any changes to the particulars of the premises since the last licence was granted? e.g. ownership or shareholding</p>	
<p>If Yes please supply details below:</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

DECLARATION

I (full names)..... hereby declare that all information provided herein is within my personal knowledge and that –

- (a) I am duly authorized to make this declaration;
- (b) I am the designated person responsible for this Licence and any conditions attached thereto;
- (c) I have read and understood the regulations related hereto, with specific reference regarding to any false declaration; and
- (d) All information provided herein is to the best of my knowledge true and correct.

Signed at..... (Place) on thisday of

(Month)..... (Year)

.....
Signature

I certify that the applicant –

- (a) Has acknowledged that he/she knows and understands the contents of this application form and its conditions, that he/she considers the oath binding on his /her conscience; and
- (b) has in the prescribed manner sworn that the contents of this application form and its conditions are true and signed before me at(place) on this.....day of.....(month).....year.

.....
COMMISSIONER OF OATHS

APPLICATION CHECKLIST

This checklist is intended to help and guide you in your application. It has been created based on the most common mistakes that ZERA has encountered in past applications. Therefore, going through this checklist may help you to prevent common mistakes.

Please tick to show that the required document is attached. After finalizing, please date and sign this checklist and send together with your application.

Monthly returns for previous year	
Current audited Financial Statements	
EMA Hazardous Substance Storage and Use Licence for depot(s) owned or leased	
Copy of previous ZERA license	

I have attached all of the documents listed above.

Signed: _____

Date: _____