

**RE1**



**RENEWABLE ENERGY SERVICE  
PROVIDERS  
REGISTRATION FORM**

**Please submit the completed form to:**

**ZIMBABWE ENERGY REGULATORY  
AUTHORITY**

14th Floor Century Towers  
45 Samora Machel Avenue  
P.O Box CY308 Causeway  
HARARE

**Tel:** +263 4 780010, 772 550, 799 796, 253 461, 799 797

**Fax:** +263 4 250696

**E-Mail:** [admin@zera.co.zw](mailto:admin@zera.co.zw)

**Website:** [www.zera.co.zw](http://www.zera.co.zw)

**REGISTRATION FORM FOR RENEWABLE ENERGY SERVICE PROVIDERS**

**A-1 Company's Details**

Registered Name of Company\_\_\_\_\_

Company Registration Number\_\_\_\_\_

Date of Incorporation\_\_\_\_\_

Date of Commencement of Business\_\_\_\_\_

**A-2 Office address and physical location**

Postal Address\_\_\_\_\_

Telephone #\_\_\_\_\_ Fax # \_\_\_\_\_

Website address (if any) \_\_\_\_\_

House/Stand Number \_\_\_\_\_

Street Name\_\_\_\_\_

Town/City\_\_\_\_\_ Province\_\_\_\_\_

**A-3 Contact person**

Name\_\_\_\_\_

Position\_\_\_\_\_

Business address \_\_\_\_\_

Telephone #\_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_

**A-4 Nature of Business / Principal Activity**

1. \_\_\_\_\_

2. \_\_\_\_\_

**A-5 Type of Renewable Energy Technology: (check all that apply)**

<b>Solar PV</b>	<b>Solar Thermal</b>	<b>Biogas</b>
<input type="checkbox"/> Solar Photovoltaics <input type="checkbox"/> Solar Batteries <input type="checkbox"/> Solar PV water pumping/irrigation <input type="checkbox"/> Solar PV street lighting	<input type="checkbox"/> Solar Water Heaters <input type="checkbox"/> Solar Collectors <input type="checkbox"/> Solar Dryers <input type="checkbox"/> Solar Cookers	<input type="checkbox"/> Fixed digester systems <input type="checkbox"/> Mobile and portable digesters

Others, please specify

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**A-6 Type of Business: (check all that apply)**

- Importation of Renewable Energy Products
- Installation and Maintenance
- Manufacturing and Assembling

Others, please specify

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**A-7 Data**

**1. Renewable Energy Technology installations done** (Solar Photovoltaics, Solar thermal, Biogas Plant etc)

#	Date of Installation	Description and type of technology	Size of Installation (kW or m <sup>3</sup> )	Name of Client, Contact phone number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**2. Technical Personnel Information**

#	Name of Staff	Designation	*Qualifications	*Relevant Training Courses Attended	Experience (years)
1.					
2.					
3.					
4.					
5.					

*\*Please attach applicable certificates of qualifications and or relevant training courses attended.*

**3. Please attach the following documents and tick:**

Copy of Certificate of Incorporation	
Certificate copy of CR14	
Certificate copy of CR6	
Certificate copy of CR2 or Share Certificates	
Copy of Title deeds or lease agreement	
Copy of Applicant ID	
Copies of qualifications for the technical personnel	

**4. Have you had any litigation against your company before (Yes/No) \_\_\_\_\_**

Explain if your answer is **yes**

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**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**DESIGNATION** \_\_\_\_\_