

NEW AGENT

INTRODUCTION FORM

Thank you for your interest in applying. Please note that applications are currently closed and will re-open on January 6, 2025. Feel free to submit your form after this time.

01. PERSONAL INFORMATION

| | |
|----------------|------------|
| First Name: | Last Name: |
| Date of Birth: | Gender: |
| Mobile 1: | Mobile 2: |
| Email: | |

02. AGENT APPLICATION TYPE

| | |
|---|--|
| <input type="checkbox"/> Franchise Agent (Operate from a Zoona Branded Kiosk) | <input type="checkbox"/> Retail Agent (Operate from your own shop) |
|---|--|

03. PROPOSED OUTLET LOCATION

| | |
|--|-----------|
| Street: | |
| City/Town: | Province: |
| Descriptive Directions (e.g. next to post office): | |
| GPS Coordinates (if available): | |

04. REQUIRED PERSONAL KYC CHECKLIST (MANDATORY FOR EVERY NEW APPLICANT)

ALL of the documents listed below are MANDATORY for any application. Before you contact Zoona please make sure that you have valid copies of each and every KYC Document ready to submit.

| | |
|---|--|
| <input type="checkbox"/> 2 Passport Photos | <input type="checkbox"/> Certificate of Incorporation/Registration |
| <input type="checkbox"/> Valid Tax Identification Number Certificate (TPIN) | <input type="checkbox"/> ZRA Tax Clearance Certificate |
| <input type="checkbox"/> Valid Trading Licence / Council Permit | <input type="checkbox"/> Copy of Valid NRC/Passport/Licence |

05. WORK DETAILS

| | | | |
|--|-------------|---------------------------|--------------------------|
| Are you employed? | | <input type="radio"/> Yes | <input type="radio"/> No |
| Will you be employing a teller? | | <input type="radio"/> Yes | <input type="radio"/> No |
| Details of teller (if applicable) | Name: | Number: | |
| Are you currently an agent for any other financial services company? | | <input type="radio"/> Yes | <input type="radio"/> No |
| If you ticked Yes, please list which one(s): (e.g. MTN, Airtel, Zanaco, 543, etc.) | | | |
| Were you previously an agent for any other financial services company? | | <input type="radio"/> Yes | <input type="radio"/> No |
| If you ticked Yes, please tell us: | | | |
| a) When were you an agent? | Start Date: | End Date: | |
| b) Why did you stop being an agent?: | | | |
| Are any of your family members (immediate or extended) currently a Zoono agent/teller or Zoono employee or have been in the past? Please list their names below: | | | |
| Why do you want to become a Zoono agent? | | | |

06. WORK DETAILS

By signing below, I hereby certify that the information provided above is true, complete, and accurate to the best of my knowledge; I authorise the validation of any or all information provided in this application. I consent to the verification of my references, educational background, employment history, and any other relevant details as deemed necessary; I understand that any false statements or omissions may lead to the rejection of my application.

Full Name:

Date:

I have read and understand the contents of this form

EMPOWERING

AFRICA
WITH INTEROPERABLE
FINANCE

ADDRESS

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WEBSITE

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REG NO

Zoono Transaction Limited | Registration
number | 2013/133017/07 | 73514

CONTACT

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