### GOVERNMENT OF ZAMBIA

STATUTORY INSTRUMENT No. 94 of 2016

# The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

ARRANGEMENT OF REGULATIONS

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### PRELIMINARY PROVISIONS

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- 2. Interpretation

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- 4. Professional qualifications and experience of hotel manager
- 5. Request for further information
- 6. Rejection of application
- 7. Issue of certificate of registration
- 8. Practising certificate
- 9. Renewal of practising certificate
- 10. Exemption from employing registered hotel manager
- 11. Notice of change of particulars
- 12. Prohibition of transfer of certificate of registration
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- 14. Suspension and cancellation of certificate
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- 17. Annual subscription

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In EXERCISE of the powers contained in sections *fifty-nine* and *eighty* of the Tourism and Hospitality Act, 2015, the following Regulations are made:

### PART I

### PRELIMINARY PROVISIONS

1. These Regulations may be cited as the Tourism and Hospitality (Registration of Hotel Managers) Regulations, 2016.

Title

In these Regulations, unless the context otherwise requires— "accommodation establishment" has the meaning assigned

Interpretation

- to it in the Act;
- "certificate of registration" means a certificate of registration as a hotel manager issued under regulation 3;
- "Council" has the meaning assigned to it in the Act;
- "higher education institution" has the meaning assigned to it in the Higher Education Act, 2013;

Act No. 4 of 2013

- "hotel manager" means a person who oversees the operation of an accommodation establishment;
- "institution" has the meaning assigned to it in the Technical Education, Vocational and Entrepreneurship Training Act, 1998;

Act No.13 of

- "practising certificate" means a certificate issued under regulation 8 authorising a person to practice as a hotel manager; and
- "Secretary" means the Secretary to the Council.

# PART II

# REGISTRATION OF HOTEL MANAGERS

3. A person who intends to manage an accommodation establishment or to be employed as a manager shall apply to the Council for registration in Form I set out in the First Schedule.

Application for certificate of registration

- 4. A person qualifies for registration as a hotel manager if that person, in addition to the qualifications specified in section *fifty-eight* of the Act has—
- Qualifications and experience of hotel manager
- (a) in the case of a person intending to manage a three to five star hotel—
  - (i) a degree or higher diploma in hospitality or hotel management from a higher education institution;
  - (ii) a diploma in hospitality or hotel management from

- an institution or a higher education institution and five years proven experience in managing a hotel; or
- (iii) ten years experience in managing any servicerelated business operation; and
- (b) in the case of a person intending to manage an ungraded to two star hotel—
  - (i) a diploma in hospitality or hotel management from an institution or a higher education institution and two years experience in the hospitality industry;
  - (ii) a certificate in any hotel-related course from an institution and three years' experience in the hospitality industry; or
  - (iii) over five years experience in a service related business.

Request for further information Rejection of application

- 5. The Secretary may request for further information in respect of an application in Form II set out in the First Schedule.
- 6. (1) The Council shall reject an application if the applicant does not meet the requirements of the Act.
- (2) The Secretary shall, where an application is rejected, inform the applicant of the rejection in Form III set out in the First Schedule.

Issue of certificate of registration

- 7. (1) The Council shall, within thirty days of the receipt of an application under regulation 3 approve the application, if the applicant meets the requirements of the Act.
- (2) The Council shall, where it approves an application, issue the applicant with a certificate of registration in Form IV set out in the First Schedule.

Practising certificate

- 8. (1) A registered hotel manager shall apply to the Secretary for a practising certificate in Form V set out in the First Schedule.
- (2) A registered hotel manager shall be issued a practising certificate in Form VI set out in the First Schedule.

Renewal of practising certificate

9. A registered hotel manager may apply to the Council for renewal of the certificate of registration at least ninety days before the expiry of the current certificate in Form VII set out in the First Schedule.

Exemption from employing registered hotel manager

10. (1) An accommodation establishment shall apply to the Council for exemption from employing a registered hotel manager if the accommodation establishment—

- (a) is owner- managed;
- (b) has ten rooms and below; and
- (c) employs less than five people.
- (2) An application for exemption under this regulation shall be in Form VIII set out in the First Schedule.
- (3) The Council shall issue an exemption certificate to an accommodation establishment that meets the criterion prescribed in sub-regulation (1) in Form IX set out in the First Schedule.
- (4) The Council shall, when it rejects an application for exemption inform, the applicant of the rejection in Form X set out in the Schedule.
- 11. A registered hotel manager shall, where a change occurs in the registered particulars of the hotel manager, notify the Council of the change within fourteen days of the change in Form XI set out in the First Schedule.

Notice of change of particulars

12. A certificate of registration shall not be transferred to a third party.

Prohibition of transfer of certificate of registration

13. (1) A hotel manager who decides to discontinue practising or carrying out business as a hotel manager shall notify the Council at least thirty days before the discontinuation of practice in Form XII set out in the First Schedule.

Surrender of certificate of registration

- (2) A person who ceases to practice or carry on business as a hotel manager shall surrender the certificate of registration and practising certificate to the Council for cancellation at least fifteen days before the cessation of business.
- 14. (1) The Council shall cancel or suspend the certificate of registration or practising certificate of a hotel manager if the hotel manager—

Suspension and cancellation of certificate

- (a) contravenes the conditions of the certificate of registration:
- (b) contravenes the Act;
- (c) obtained the certificate by fraud, misrepresentation or concealment of a material fact;
- (d) is found guilty of professional misconduct; or
- (e) is disqualified from practising or carrying on business as a hotel manager.
- (2) The Council shall, before suspending or cancelling a certificate of registration or practising certificate, inform the holder of the certificate of registration of the intention to suspend or cancel the certificate in Form XIII set out in the First Schedule.
- (3) A notification of the suspension or cancellation of the certificate of registration or practising certificate shall be in Form XIV set out in the First Schedule.

Duplicate certificate of registration

- 15. (1) A person whose certificate of registration is destroyed or lost may apply to the Council for a duplicate certificate in Form XV set out in the First Schedule.
- (2) The Council shall, within thirty days of receipt of an application under subregulation (1), issue a duplicate certificate of registration to the applicant.

Register

- 16. (1) The Council shall maintain a Register of Hotel Managers which shall specify
  - (a) the names and addresses of registered hotel managers;
  - (b) the applications rejected and reasons for the rejection;
  - (c) the notices issued under these Regulations; and
  - (d) any other information relevant for purposes of the Act.
- (2) The Council may cause alterations to be made to the Register in accordance with the purposes of the Act.
- (3) The Register referred to in sub-regulation (1) shall be open for inspection by the members of the public during normal business hours upon payment of the fee set out in the Second Schedule.

Annual subscription

17. An accommodation establishment shall, in respect of its hotel manager, ensure that the prescribed annual fee for a practising certificate for the following year is paid on or before the 31st December of each year.

### PART III

### GENERAL PROVISIONS

Display of certificates

18. A registered hotel manager shall display the certificate of registration and practising certificate in a conspicuous place at the hotel manager's business premises.

Appeal

- 19. (1) A person who is aggrieved with the decision of the Council may appeal to the Minister within thirty days of receipt of the decision in Form XVI set out in the First Schedule.
- (2) The Minister shall, within thirty days of receiving an appeal under sub-regulation (1), confirm, set aside or vary the decision of the Council and inform the appellant of the decision.
- (3) A person aggrieved with the decision of the Minister may appeal to the High Court within thirty days of receipt of the decision.

Offence and penalty

20. A person who contravenes these Regulations commits an offence and is liable, upon conviction, to a fine not exceeding one hundred thousand penalty units, or a term of imprisonment not exceeding one year, or to both.

Fees

21. The fees set out in the Second Schedule are payable in respect of the matters specified in that Schedule.

### FIRST SCHEDULE

(Regulation 3, 5, 6, 7, 8, 10, 11, 13, 14, 15 and 19)



Form I (Regulation 3) (To be completed in triplicate)

### 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 REGISTRATION					
		Shaded fields for	Application No.			
Please	e complete in block letters	official use only				
			Date and Time			
Inform	nation Required	Information Provided	d	V		
		PART I PARTICULA				
1.	(a) Surname(block capitals)	TAKTICUL	iks			
1.	(b) Other names					
2.	Sex (Tick ( $$ ) where applicable)	Male	Female			
3.	Date of birth (dd/mm/yyyy)	Maio	Temate			
4.	Place of birth	District	Country			
5.	Nationality	District	Country			
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					
		EDUCATIONAL B	ACKGROUND			
9.	School, Technical College or University					
	attended (give dates)					
10.	Course of study					
11.	Professional examination passed (give					
	dates)					
12.	Membership of professional organisations					

	(give grade of membership)						
	PARTII EMPLOYMENT RECORD						
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)	ı					
	Name of Employer	Date/Period Employed	Positions held	Nature of work undertaken			
	1 2	<u> </u>					
15.	Appendices		•				
	Certified copies of all academic and medical of	certificates are enclosed					
	Application fee enclosed						
DECI	ARATION			•			
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		Sigr	adure			
	Name of applicant  Date		Sigr				
	Name of applicant		Sign				
FOR	Name of applicant  Date  OFFICIAL USE ONLY  ved by:			nature			
FOR Recei	Name of applicant  Date  OFFICIAL USE ONLY  ved by:  Officer (Name and Signature	  e)					
FOR Recei	Name of applicant  Date  OFFICIAL USE ONLY  ved by:	e) Receip	Date	nature			
FOR Recei Appli	Name of applicant  Date  OFFICIAL USE ONLY  ved by:  Officer (Name and Signature cation Fee Received:	e) Reccip	Date	nature			
FOR Receir Applie Date p Decision	Name of applicant  Date  OFFICIAL USE ONLY  ved by:  Officer (Name and Signature cation Fee Received:  oresented to the Secretary:  ion:  upplicant informed of decision:	e) Receip	Date	nature			
FOR Recei Applie Date p Decisi Date a	Name of applicant  Date  OFFICIAL USE ONLY  ved by:  Officer (Name and Signature cation Fee Received:  presented to the Secretary:  ion:  upplicant informed of decision:  registration received:	e) Receip	Date	nature			
FOR Recei Applie Date p Decisi Date a	Name of applicant  Date  OFFICIAL USE ONLY  ved by:  Officer (Name and Signature cation Fee Received:  oresented to the Secretary:  ion:  upplicant informed of decision:	e) Receip	Date	nature			
FOR  Receir  Applie  Date p  Decise  Date a  Fee for  Regist	Name of applicant  Date  OFFICIAL USE ONLY  ved by:  Officer (Name and Signature cation Fee Received:  presented to the Secretary:  ion:  upplicant informed of decision:  registration received:	e) Receip	Date	nature			
FOR  Receir  Applie  Date p  Decise  Date a  Fee for  Regist	Name of applicant  Date  OFFICIAL USE ONLY  ved by:  Officer (Name and Signature cation Fee Received:  consented to the Secretary:  ion:  pupplicant informed of decision:  r registration received:	e) Receip	Date	nature			

Form II (Regulation 5)



### REPUBLIC OF ZAMBIA

# The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

# REQUEST FOR FURTHER INFORMATION

(1) Here insert full names of applicant	To (1)
	Reference No.:
	You are requested to furnish the following information or documents in respect of your application
	for registration as an HOTEL MANAGER:
	(a)
	(b)
	(c)
	(d)
	within days of this notice, if you fail to furnish the requested
	information, your application will be treated as invalid and shall be rejected.
	Dated this, 20,
	Secretary
	Dea ciui y

Form II (Regulation 5)



# REPUBLIC OF ZAMBIA

### The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

# REQUEST FOR FURTHER INFORMATION

full names Address: of applicant
Reference No.:
You are requested to furnish the following information or documents in respect of your application
for registration as an HOTEL MANAGER:
(a)
(b)
(c)
(d)
within days of this notice, if you fail to furnish the request
information, your application will be treated as invalid and shall be rejected.
Dated thisday of, 20,

Secretary

Form III (Regulation 6(2))



# REPUBLIC OF ZAMBIA

# The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

# NOTICE OF REJECTION

(1) Here insert the full names and address of applicant	To (1)	
(2) Here insert the reference No. of the application (3) Here insert the type of	You are notified that your application for (3) registration/renewal of registration as an HOTI MANAGER has been rejected on the following grounds:	ΕI
application	(a)	
	Dated this, 20,	•••
	Secretary	

REGISTRATION NO.: .....

Form IV (Regulation 7)



### REPUBLIC OF ZAMBIA

### The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

CERTIFI	CATE OF REGISTRATION	ON
Surname:		
First Name(s)		
Address		
Given on the	day of	20
This is to certify that the person named on this Tourism and Hospitality Act, 2015.	s Certificate has complied	with the provisions of section 59 of the
Chairperson		Secretary
Date:	Date:	
NOTE:		

This Certificate is only valid if it bears the official stamp of the Ministry.



# 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 PRACTISING CERTIFICATE

		Shaded fields for	Application No.			
Pleas	e complete in block letters	official use only				
			Date and Time			
Infori	nation Required	Information Provid	ded			√
1.you	reason required	PART				-
		PARTICU	-			
1.	(a) Sumame (block capitals)		·-			
	(b) Other names					
2.	Sex (Tick ( $$ ) where applicable)	Male	Fen	male		
3.	Date of birth (dd/mm/yyyy)					
4.	Place of birth	District	Cou	untry		
5.	Nationality					
6.	(a) National Registration					
	Card/Passport/Permit No					
	(b) Place of issue					
	(c) Date of issue (dd/mm/yyyy)					
7.	Address					
	(a) Physical address					
	House No.					
	(b) Postal address					
8.	Contact details	1				
8.		ļ				
	(a) Telephone No. (b) Fax No.					
	(c) Mobile phone No.	-				
	(d) Email address					
9.	Type of membership	Full Membership		Associate Membership	$\neg$	
) <sup>3.</sup>	(Tick ( $$ ) where applicable)	Student Membersh	in	Honorary Membership	-	
	(1 ick (v) where applicable)	EDUCATIONAL		Tionorary Wemcelship		$\vdash$
10.	School, Technical College or University	LDCCAITGIVAL	BACKGROUND			$\vdash$
	attended (give dates)					
	amazara (gree ames)	-				$\vdash$
11.	Course of study					
12.	Professional examination passed (give					
	dates)					

			PART EMPLOYMEN			
13.	Present employment					П
	(a) Name of Employer					
	(b) Position held					
	(c) Date of appointment					
	(d) Nature of work undertaken					
14.	Previous employment (whole caree	r to date)				
	Name of Employer	Date/P	eriod Employed	Positions held	Nature of work undertaken	
	(if more space is needed, please co	ntinue on	a separate sheet)			
			CATEGORY AF	PPLIED FOR		
15.	Classification of Establishment					
16.	Grading					
17.	Appendices					
	Certified copies of all academic an	d medical	certificates are encl	osed		
	Application fee enclosed					

### DECLARATION

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

egistration as a member of the Institute.					
Name of applica		Signature			
FOR OFFICIAL USE ONLY	Date				
FOR OFFICIAL USE OF LI					
Received by:					
Officer (Nam	e and Signature)	I	Date (		
Application Fee Received:		Receipt No.:			
Date presented to the Secretary:					
Decision:					
Date applicant informed of decision:					
Fee for registration received:					
Registration number:					
Remarks:					
		OFFICIAL.			
		STAMP			
		STAWII			

Form VI (Regulation 8(2)) (To be completed in triplicate)

REGISTRATION NO.: ....



### REPUBLIC OF ZAMBIA

# The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

PRACTISING CERTIFICATE					
Surname:					
First Name(s)					
Name of establishment:					
Classification of establishment:					
Star grading:					
Address					
Given on the	day of	20			
Date of expiry:					
This is to certify that the person named on the Tourism and Hospitality Act, 2015.	nis Certificate has c	complied with the provisions of section 59 of the			
Chairperson	•	Secretary			
Date:		Date:			
NOTE:					

This Certificate is only valid if it bears the official seal of the Ministry.

Form VII (Regulation 9) (To be completed in triplicate)



### 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 RENEWAL OF	PRACTISING CER	TIFICATE	
Ples	se complete in block letters	Shaded fields for official use only	Application No.		
		1	Date and Time		
Info	rmation Required	Information Provided	•		1
1.	(a) Sumame				
	(b) Other names				
2.	Registration No.				
3.	Address				
	(a) Physical address				
	House No.				
	(b) Postal address				
4.	0 + +1+3				
4.	Contact details  (a) Telephone No.				
	(b) Fax No.				
	(c) Mobile phone No.				
	(d) Email address				
5.	Have you since your registration as an HO	TEL ΜΑΝΑGER been co	onvicted of an offence	under any law within or outside	
٥.	Zambia? If yes, specify details:	TEE WITH WIGHT OCCUP	sirvicion or air orience	ander any law within or outside	
	Nature of offence:				
	Date of conviction:				
	Sentence:				
6.	State any particulars which have changed s				
_	CATEGORY APPLIED FOR				
7.	Classification of Establishment				
8.	Grading				
	CLARATION				
	clare that the information furnished by me in	this application is true. c	orrect and complete to	the best of my knowledge.	
		, -			
Lun	derstand that any incorrect, misleading or unt	rue information or the w	ithholding of any rele	want information may affect the renewal	of
	stration as an HOTEL MANAGER.	rue mionifacion of the w	iumorumg or any refe	vant information may affect the refleware	01
regi	stration as an HOTEL WANAGER.				
	Name of applicant				
	<i>Name ој аррисан</i>			Signature	
	D :				
	Date				
FOR	OFFICIAL USE ONLY				
Rece	ived by:				
Rece	Officer (Name and Signatur		Date		
Appl	ication Fee Received:		Receipt No.:		
Date	presented to the Secretary:				
Deci	sion:				
	stration No.:				
-			_		
l	No.:			OFFICA L	
Rem	ırks:			STAMP	
				,	

Form VIII (Regulation 10(2)) (To be completed in triplicate)



### 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 EXEMPTION

Please complete in block letters		Shaded fields for official use only		No.		
1 icas	t ompate in block letters	Orient use only	Date and Tin	ne		
Inform	nation Required	Information Prov	vided			1
		PAR PARTIC				
1.	(a) Sumame (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.					
0	(b) Postal address  Contact details					
8.						_
	(a) Telephone No.					
	(b) Fax No.					
	(c) Mobile phone No. (d) Email address					
	(a) Email address					
		EDUCATIONAL	L BACKGROUNI	)		
9.	School, Technical College or University					
	attended (give dates)					
10.	Course of study					
10.	Course of study					
11.	Professional examination passed (give dates)					
12.	Membership of professional organisations (give grade of membership)					
		PA	RTII			

		PARTII EMPLOYMENT RECO	RU.				
13.	Present employment	EVI DOTIVE VI NECO	140				
10.	(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	Positions held	Nature of work undertaken			
15.	ESTABLISHMENT DETAILS						
13.	No. of rooms	1					
	No. of staff						
	Type of Establishment						
	Is applicant an owner/manager						
	In 44 Principal and American						
16.	REASONS FOR EXEMPTION						
	Reasons for which exemption from						
	registration is sought						
	Type of Establishment						
	Is applicant an owner/Managers  ARATION						
I unde	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 cruntrue information or the withholding of any relevant information may affect my registration as an HOTEL MANAGER.  Name of applicant Signature						
Receiv	ed by:						
	Officer (Name and Signature)		Date				
Applio	ration Fee Received:	Receipt	No:				
Datep	resented to the Secretary:						
Decisi	on:						
Datea	pplicant informed of decision:						
Fee fo	r registration received:						
Regist	ration number:						
Remar	ks:						
				OFFICIAL STAMP			

Form IX (Regulation 10(3))
(To be completed in triplicate)



### REPUBLIC OF ZAMBIA

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

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

	CERTIFICATE OF EXEM	MPITON
		mencing on theday of
The conditions of grant of the exemption		
Issued at	this	day of 20
	Secretary	
EN	DORSEMENT OF REGIS	STRATION
This Certificate has this	day of	20been entered in the Register
	Secretary	

# Suspension or Cancellation

Date of suspension	Details of suspension	Date of cancellation	Signature of Registrar
Law of Suspendion	Lead of Suspendial	LAW OF CHRONICH	Signature of regional

Form X (Regulation 10(4)) (To be completed in triplicate)



### REPUBLIC OF ZAMBIA

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

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

### NOTICE OF REJECTION OF EXEMPTION

(1) Here insert the full names and address of	To (1)
applicant	IN THE MATTER OF (2) you are hereby
(2) Here insert the reference No.	notified that your application for exemption from registration as (3)
of the application (3) Here insert type	rejected on the following grounds:
of exemption	(a)
	(b)
	(c)
	(d)
	Dated this
	Secretary

(1) Here insert the registration No.
(2) Here insert the full names of the holder
(3) Here insert physical and postal address of the applicant
(4) Here specify the detail which has changed

Form XI (Regulation 11)



### REPUBLIC OF ZAMBIA

### The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

### NOTICE OF CHANGE OF PARTICULARS

1 (2)		of(3)
that on theday of	, 20	, my (4)
Previous Details	Curr	ent Details
Dated this	day of	, 20
	Signature of Holder	
FOR	R OFFICIAL USE ONL	Y
Received by:	······································	

Secretary

Form XII (Regulation 13(1))



# REPUBLIC OF ZAMBIA

### The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

# NOTICE OF INTENTION TO SURRENDER CERTIFICATE OF REGISTRATION

(1) Here insert the	REFERENCE NO. (1)	
registration No. (2) Here insert the full names of	I (2)	of (3)
the holder	office that on the day of	
(3) Here insert physical and	surrender my certificate of registration because of the follow	ving reasons: (4)
postal address of	(a)	
the applicant (4) Here give	(b)	
reasons for surrendering of	(c)	
certificate	Dated this day of	, 20
	Signature of Holder  FOR OFFICIAL USE ONLY	
	Received by:	G:
	Name of officer	Signature
	Date:, 20	OFFICIAL STAMP
	ENDODGEN SENTE OF DECISION ATMON	
	ENDORSEMENT OF REGISTRATION	20 1 1:
	This Notice has, this day of	, 20, been entered in
	the Register.	

Secretary

Form XIII (Regulation 14(2))



### REPUBLIC OF ZAMBIA

 $\verb|\The Tourism and Hospitality Act, 2015| \\$ 

(Act No. 13 of 2015)

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

# NOTICE OF INTENTION TO SUSPEND() CANCEL() THE

# CERTIFICATE OF REGISTRATION/PRACTISING CERTIFICATE

(1)	Here insert the full names and	To(1)		
	address of the	IN THE MATTER OF (2) you are		
holder  Here insert the Registration No.  Here state address of the Registrar of Hotel Managers	notified that I intend to suspend/cancel your registration as an HOTEL MANAGER on the following grounds:  (a)			
4)	number of days	Accordingly, you are requested to appear before the Council on the day of		
		the matters set out in paragraphs		
		Dated this, 20, 20		
		Secretary OFFICIAL STAMP		
		*Delete whichever is not applicable		
		ENDORSEMENT OF REGISTRATION		
		This Notice has, this		

Chairperson

Form XIV (Regulation 14(3))



### REPUBLIC OF ZAMBIA

### The Tourism and Hospitality Act, 2015

(Act No. 13 of 2015)

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

Tick as applicable		NOTICE OF SUSPENSION () CANCELLATION () OF CERTIFICATES OF REGISTRATION () PRACTISING CERTIFICATE		
(1)	Here insert the full names and address of holder	`To(1)		
(2)	Here insert the	IN THE MATTER OF (2)you are		
	Registration No.	notified that your registration as an HOTEL MANAGER has been suspended( ) cancelled ( ) $$		
		on the following grounds:		
		(a)		
		·····		
		(b)		
		(c)		
		(1)		
		(d)		
		Dated this		
		Secretary OFFICIAL STAMP		
		ENDORSEMENT OF REGISTRATION		
		This Notice, has thisday of		
		entered in the Register.		
		Chairperson		

FormXV (Regulation 15(1))



# REPUBLICOFZAMBIA

# The Tourismand Hospitality Act, 2015 (Act No. 13 of 2015)

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

Plea	se complete in block letters	Shaded fields for official use only	Application No.	
_			Date and Time	
Info	rmation Required	Information Provide	il	
1.	(a) Sumame	<i>y</i>		
	(b) Other names			
2.	Registration No.			
3.	Address			
	(a) Physical address			
	(b) Postal address			
4.	Contact details			
	(a) Telephone No.			
	(b) Fax No.			
	(c) Mobile phone No.			
	(d) Email address			
5.	Appendix			
5.	Appendix Affidavit of loss, destruction or otherwise			
	Affidavit of loss, destruction or otherwise of original registration			
Nam	Affidavit of loss, destruction or otherwise	,	Date:	
Sign	Afficavit of loss, destruction or otherwise of original registration  e of applicant (individual or authorised representation)	,	Date:	
Nam Sign FOI	Afficiavit of loss, destruction or otherwise of original registration  e of applicant (individual or authorised represture:			
Nam Sign FOI	Afficiavit of loss, destruction or otherwise of original registration  e of applicant (individual or authorised representature :			Date
Nam Sign FOI	Afficiavit of loss, destruction or otherwise of original registration  e of applicant (individual or authorised representature :	and Signature)		
Nam Sign FOI Reco	Afficiavit of loss, destruction or otherwise of original registration  e of applicant (individual or authorised representature :	and Sgnature)		
Nam Sign FOI Reco	Afficavit of loss, destruction or otherwise of original registration  e of applicant (individual or authorised representature:  ROFFICIAL USE ONLY  cived by:  Officer (Name out Received:	and Sgrature)		Date  OHICAL
Nam Sign FOI Reco	Afficiavit of loss, destruction or otherwise of original registration  e of applicant (individual or authorised representature :	and Sgrature)		Date
Nam Sign FOI Reco	Afficavit of loss, destruction or otherwise of original registration  e of applicant (individual or authorised representature:  ROFFICIAL USE ONLY  cived by:  Officer (Name out Received:	and Sgnature)		Date  OHICAL

(1) Here insert the Registration No.(2) Here insert the full names of the holder

(3) Here insert

residential address of the holder (4) Here insert the decision made Form XVI (Registration 19(1))



To: THE MINISTER

Position

### REPUBLIC OF ZAMBIA

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

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

### NOTICE OF APPEAL

IN THE MATTER OF (1)
I(2)
appeal against the following decision of the Council made on the
(4)
on the following grounds:
(a)(b)
(c)
(d)
Dated at
Signature of Appellant
*Delete whichever is not applicable
FOR OFFICAL USE ONLY
This appeal has, thisday of, 20 been lodged with
the Minister of Tourism and Arts
Name of receiving officer Signature

Date

### SECOND SCHEDULE

(Regulation 27)

### PRESCRIBED FEES

No.	Item	Category	Fee Units
1.	Registration fee	All categories	7,500
2.	Practicing Certificate	Three – Five Star	5,000
		Ungraded – two star	3,500
3.	Exemption fee	All categories	3,500
4.	Change of particulars	All categories	2,000
5.	Duplicate Certificate of Registration	All categories	2,000
6.	Duplicate Practicing Certificate	All categories	2,000
7.	Inspection of register	All categories	350

Lusaka 25th November, 2016 [MTA/00/0/0] C. R. Banda, Minister of Tourism and Arts