

NEW AGENT

INTRODUCTION FORM

Thank you for your interest in applying. Please note that applications are currently closed and will re-open on **01 Feb 2026**. 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 Zoonia Branded Kiosk)	<input type="checkbox"/> Retail Agent (Operate from your own shop)
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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 Zoonia 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="checkbox"/> Yes	<input type="checkbox"/> No
Will you be employing a teller?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of teller (if applicable)	Name:	Number:
Are you currently an agent for any other financial services company?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> 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 Zonna agent/teller or Zonna employee or have been in the past? Please list their names below:		
Why do you want to become a Zonna 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:
<input type="checkbox"/> I have read and understand the contents of this form	

ADDRESS

Physical Address 1st Office Block | Plot 10937 |
Mwatusanga Road | Woodlands | Lusaka | Zambia

EMAIL

hello@ilovezoona.com

WEBSITE

www.ilovezoona.com

REG NO

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

CONTACT

+260 761892624