



Bank of Zambia
SECURITY DEPARTMENT

(FINANCIAL AND PAYMENT SERVICES INDUSTRY EMPLOYEE LISTING)

THE DIRECTOR - SECURITY
BANK OF ZAMBIA
P O BOX 30080
LUSAKA

Re: VETTING DATA SUBMISSION FORM

PART A: (TO BE COMPLETED BY THE INSTITUTION UPDATING VETTING RECORD ON DISMISSALS/DISCHARGES)

The **(FINANCIAL INSTITUTION OR PAYMENT SERVICE PROVIDER NAME)**

Wishes to advise that the under listed individual/s separated with the institution. The reasons for separation are as stated on the table below and to be used for purposes of vetting only.

N o.	Name /S	Surname	NRC	Date of Birth	Sex	Last Job Title	Employee's Current Status	Date Employed	Date Dismissed/ Discharged	Reason for Dismissal/Discharge
1										
2										
3										
4										
5										

SIGNATURE:.....
NAME:.....
TITLE:.....
DATE:.....

OFFICIAL STAMP

PREVIOUS EMPLOYERS (Apart from the institution submitting)

a) b).....

PART B: (FOR USE BY THE BANK OF ZAMBIA SECURITY)

REMARKS AND RECOMMENDATIONS:.....
.....

SIGNATURE:.....
NAME:.....
TITLE:.....
DATE:.....

BANK OF ZAMBIA STAMP