

APPLICATION FOR COMFORT LETTER
FORM 2
PURSUANT TO REGULATION 9 (4)(D) OF
THE COMESA COMPETITION AND CONSUMER PROTECTION REGULATIONS

PART ONE

This Form may be completed and submitted to the COMESA Competition and Consumer Commission (“the Commission”) by the parties seeking guidance from the Commission on whether or not their merger transaction falls under Chapter Four of the COMESA Competition and Consumer Protection Regulations.

PART TWO

FORM INSTRUCTIONS

1. Please fill out all parts of this Form to the best of your knowledge and attach all required documents.
2. If you believe that your interests would be harmed if any of the information you are asked to supply were to be published or otherwise divulged to other parties, submit this information by duly completing a request for confidentiality form and submitting it jointly with this Form. You should also give reasons why this information should not be divulged or published.
3. All the information required by this Form shall be correct and complete. The information required shall be completed in the appropriate section of this Form.
4. Applicants who, supply incorrect or misleading information shall be liable to fines specified in Regulation 77 on General Penalties.
5. The application for Comfort Letter should be accompanied with an application fee amounting to COMESA Dollars Ten Thousand (COM\$ 10,000).¹

¹ One COM\$ is equivalent to One United States Dollar

PART THREE
DETAILS OF THE TRANSACTION

I. DETAILS OF THE ACQUIRING UNDERTAKING

Name:		Website:	
Address:			
Phone:		Fax:	Email:

II. DETAILS OF THE TARGET UNDERTAKING

Name:		Website:	
Address:			
Phone:		Fax:	Email:

III. OTHER PARTY INFORMATION

Please provide the name, address and contact information of any other undertaking involved in the transaction

If you need more space, please attach extra sheets to this document.

IV. SUMMARY OF TRANSACTION

Provide a summary of the transaction specifying the parties to the merger, the nature of the transaction, the areas of activity of the notifying parties, including the Member States in which they operate in the Common Market, the markets on which the transaction is likely to have an impact and the strategic economic rationale for the transaction.

V. SERVICE OF DOCUMENTS

The name, address and contact information of the person to whom documents pertaining to this Application should be served:

PART FOUR

INFORMATION ABOUT THE UNDERTAKINGS FILING THIS FORM

Describe in detail the undertakings filing this Form and the proposed merger, namely:

1. The parties to the transaction, including;
 - (a) name and contact details of the undertaking(s) (directly or indirectly) controlling the undertaking(s) filing this Form;
 - (b) name and contact details of the undertaking(s) (directly or indirectly) controlled by the Undertaking(s) in 1(a) above; and
 - (c) name and contact details of the undertaking(s) (directly or indirectly) controlled by the undertaking(s) filing this Form.

2. The assets, shares or other interests being acquired;
3. Whether the shares or other interests are being purchased, leased, combined or otherwise transferred;
4. Pre-merger structure of ownership and control of the notifying undertaking(s);
5. The intended structure of ownership and control after the completion of the transaction;
6. The asset value or turnover derived in each Member State where the parties operate. **Under this Part you are required to complete Part Six (asset value and turnover derived in each Member State) of this Form without fail;** and
7. The trading name of the parties in each Member State where they operate, including the contact details of the entity. Where the parties do not have a physical presence in a Member State, specify the trading entity through which your products are supplied into the Member State, including its contact details.

If you need more space, please attach extra sheet(s) to this Form.

PART FIVE

SUPPORTING DOCUMENTS

DOCUMENTS TO BE SUBMITTED BY THE MERGING PARTIES

Please attach certified copies of the following documents and submit them with this Form:

1. Annual reports of the applicants for the last three (3) years preceding the Application.
2. Financial statements of the applicants for the last three (3) financial years preceding the Application.
3. Current list of shareholders of the parties to the merger and their nationality.
4. The proposed merger agreement (optional).

PART SIX

ASSET VALUE AND TURNOVER DERIVED IN EACH MEMBER STATE

Specify the Asset Value and Turnover Derived in each Member State where the parties operate. If there are more than two parties to the Merger, please add a column for each additional undertaking.

Country	Turnover Value (US\$) Undertaking 1	Asset Value (US\$) Undertaking 1	Turnover Value (US\$) Undertaking 2	Asset Value (US\$) Undertaking 2
Burundi				
Comoros				
Democratic Republic of Congo				
Djibouti				
Egypt				
Eritrea				
Eswatini				
Ethiopia				
Kenya				
Libya				
Madagascar				
Malawi				
Mauritius				
Rwanda				
Seychelles				
Sudan				
Tunisia				
Uganda				
Zambia				
Zimbabwe				
Total				

Note: The list of Member States in this Form shall be subject to change on accession or withdrawal of a State from the Treaty.

PART SEVEN

TRADE NAMES AND CONTACT DETAILS OF THE PARTIES

Specify the trade name and contact details for each of the parties to the transaction in each Member State. If there are more than two parties to the Application, please add a column for each additional undertaking.

Country	Undertaking 1	Undertaking 2
Burundi		
Comoros		
Democratic Republic of Congo		
Djibouti		
Egypt		
Eritrea		
Eswatini		
Ethiopia		
Kenya		
Libya		
Madagascar		
Malawi		
Mauritius		
Rwanda		
Seychelles		
Sudan		
Tunisia		
Uganda		
Zambia		
Zimbabwe		
Total		

Note: The list of Member States in this Form shall be subject to change on accession or withdrawal of a State from the Treaty.

**PART EIGHT
DECLARATION**

I _____ being the authorised representative of _____ (<i>insert the names of the Applicants</i>) declare that, the information given/supplied by me to the COMESA Competition and Consumer Commission in this Form is true, correct and complete, that true and complete copies of documents required have been supplied, that all estimates are identified as such and are their best estimates of the underlying facts, and that all opinions expressed are sincere.
Signature: _____

Official Use Only	
Received By	
Print Name:	Signature:
Date Received:	Assigned Case Number: