



Private Sector Foundation of Lesotho

Development House, Block D Level 6, Kingsway Street, Maseru 100, Lesotho
P/ Bag A 107, Maseru, 100 Tel: +266 22312101/ 28331975 Fax: +266 22268616

APPLICATION FORM – AFFILIATE MEMBER

1. Name of Organisation:

2. Reg. No: 3. Date of Registration / / 4. Membership No.:

5. Postal Address:

7. Telephone: 8. Fax:

9. E-mail: 10. Website:

11. District: 12. Village:

13. Office Bearers:

	President	Secretary	Treasurer
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile:	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature: _____

Declaration: I, the undersigned, declare that I am duly authorised by my organisation to complete and submit this application and that the information contained in this form is the best of my knowledge correct. I understand that any incorrect information may result in refusal of our application. I also commit that my organisation will adhere to the code of ethics of Private Sector Foundation of Lesotho.

Name: _____ Signature: _____ Capacity: _____

Date: ___/___/_____

Official Stamp: