



Private Sector Foundation of Lesotho

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APPLICATION FORM – ASSOCIATE 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:

Mobile:

E-mail:

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: