



Private Sector Foundation of Lesotho

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DATABASE APPLICATION FORM

1. Name of Organisation:

2. Reg. No:

3. Date of Registration

4. Staff Members No.:

5. Postal Address:

7. Telephone:

8. Fax:

9. E-mail:

10. Website:

11. District:

12. Area:

13. Contact person:

Name:

Tel/ Mobile:

14. Sector of business:

15. Products/ Services:

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: