



**Private Sector Foundation of Lesotho**

Development House, Block D Level 6, Kingsway Street, Maseru 100, Lesotho  
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**APPLICATION FORM – CORPORATE MEMBER**

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. Company officials:**

	<b>Chairperson of the Board</b>	<b>Corporate Secretary</b>	<b>CEO/ MD</b>
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: