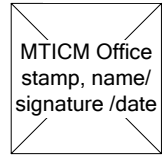


# MINISTRY OF TRADE AND INDUSTRY, COOPERATIVES AND MARKETING

MT/ICM002



## Application for Trade and Manufacturing License

PLEASE SEE NOTES -

1. Tick the type of License Required  (a) Small Scale Industry  (b) Medium/Large Scale Manufacturing Industry  (c) Trading Enterprise
2. Enter the value of annual turnover  THEKISO EA SELEMO (Maloti) 3. Enter the value of capitalisation including working capital  CHELETE EA LETSETE (Maloti)
4. Tick the organisation type from the list  Sole Proprietor  Private Co. or (PTY) LTD  Public Ltd Co.  
 Partnership  Cooperative & Societies
5. Enter Owner details (complete panel (a), (b) or (c) - based on organisation type)

(a). Sole Owner: (attach certified copy of passport)

(i) Name  Surname  First Names  (ii) Date of Birth  DD/MM/YYYY

(iii) Gender  Female  Male (iv) Nationality

(v) Passport Number  BOITSEBISO (vi) Date of Issue  DD/MM/YYYY (vii) Contact /Mobile Number

(viii) Address  MOTSE/Village  RAMOTSE/Headman  SETEREKE/District

(b). Partnership (attach certified copy of Partnership Deed)

Particulars of Partners					
No	Surname	First Names	Date of Birth*	Passport Number	Contact/Mobile Number

(c) Private Co. / Public LTD Co./ Cooperative & Societies (attach certified copy Certificate of Incorporation)

(i) Name of CEO/General Manager  Surname  First Names  (ii) Date of Birth  DD/MM/YYYY

(iii) Nationality\*  (iv) Passport / Work Permit Number

\* if Expatriate, attach work permit to work in Lesotho \* Work permit if non-Mosotho

(v) Work Permit Expiry Date  DD/MM/YYYY (vi) Contact Number  (vii) Mobile Number

6. Enter the Trade Name of the enterprise  LEBITSO LA KHOEBO
7. Enter Full name of the enterprise (if different from 6 above)  LEBITSO LE SEBELISOANG KE KHOEBO
8. Enter the start date of the enterprise  DD/MM/YYYY
9. Enter physical / street address of the place of business  Street address - SEBAKA SA KHOEBO  
 Suburb/Zone/village - MOTSE  Town or City - TOROPO
10. Enter postal address of the place of business  Street address / Post Box / Private Bag No - SEBAKA SA KHOEBO / ATERESE EA POSO  
 Suburb/Zone/village - MOTSE  Town or City - TEROPO
11. Enter contact telephone/fax numbers  Business - NOMERO EA FONO  After hours KAMORA MOSEBETSI  Fax - NOMERO EA FAX
12. Enter email address  ATERESE EA EMAIL
13. Enter Main business activity  Description  ISIC Code (Office Use Only)

14. List **Main** business **Products** (a) \_\_\_\_\_ HS Code (Office Use Only) (b) \_\_\_\_\_ HS Code (Office Use Only)

15. List **Main** raw materials to be used as inputs

(a) _____	<input type="checkbox"/>	_____	Tick if from within Lesotho	HS Code (Office use only)
(b) _____	<input type="checkbox"/>	_____		
(c) _____	<input type="checkbox"/>	_____		
(d) _____	<input type="checkbox"/>	_____		

16. Enter **personnel** details

Category	Number of Locals	Wages & Salary (M)	Number of Expatriates	Wages & Salary (M)	Enter skills/experience for appointing expatriate	Plan to replace expatriates	
						No understudy	In Months
CEO/General Manager							
Manager -							
- Human Resource							
- Finance							
- Marketing							
- Production							
- Factory							
- Import & Export							
Other (specify)							
Technician							
Engineer							
Supervisor							
Skilled Worker							
Others(specify)							
<b>TOTAL</b>							

17. Enter Annual Training budget (tick one)  No Training budget  Yes (enter annual budget) M \_\_\_\_\_

18. Enter **Project** Costs (in Maloti)

Fixed Capital					
(a) Land & land development	(b) Building	(c) Plant & Machinery	(d) Misc fixed costs*	(e) Working Capital	(f) TOTAL

\* vehicles, office furniture etc.

19. Enter **Infrastructure** Requirements

Land (in Sq. meters)		(c) Factory Shed for rent (in Sq. meters)	(d) Electricity (in KW)*
(a) Developed	(b) Undeveloped		

\* connected load.

20. Is Water involved in production process? (tick one)  Yes  No

21. Effluent disposal arrangements

(a) Annual Discharge *	(b) Effluent Type†	(c) Discharge Method (tick one)
		<input type="checkbox"/> Septic Tank <input type="checkbox"/> Connected to main sewer line <input type="checkbox"/> Other (specify) _____

\* in Cubic Meters

† eg Sludge, solid waste

22. List License Number and DATE OF FIRST registration of other businesses/enterprises of the owner(s)

(a) \_\_\_\_\_ License Number \_\_\_\_\_ 1<sup>st</sup> Registration Date (b) \_\_\_\_\_ License Number \_\_\_\_\_ 1<sup>st</sup> Registration Date (c) \_\_\_\_\_ License Number \_\_\_\_\_ 1<sup>st</sup> Registration Date

**Caution: Please ensure that you have correctly and truthfully answered all relevant questions. Failure to do so may result in delayed processing and even rejection of this application**

23. Applicant's Declaration

*I declare that the information given on this form is true and accurate*

\_\_\_\_\_  
**Signature** / **Date**  
 \_\_\_\_\_ / \_\_\_\_\_  
 Declarant's full Name Designation Contact Number