



**COMPANIES REGISTRY**

**Form 3**

**Companies Act 2011**

*Section 11*

**Application for registration of an external company**

**1 Person presenting this application**

Name			ID
Physical address			
Postal address			
Telephone number		e-mail:	

**2 Company name**

Trade name *(optional)*


**3 Jurisdiction of incorporation and company constitution**

State/country of incorporation

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*Please attach the certificate of incorporation and articles of incorporation/statutes. If these are not in English, they should be accompanied by a certified translation.*

**4 Share capital and anticipated turnover**

Issued share capital

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Annual turnover is expected to be:

*Tick as appropriate*

<input type="checkbox"/>	Less than M. 500,000
<input type="checkbox"/>	M. 500,000 or more

**5 Starting business**

When do you expect to start business in Lesotho? *Tick and complete as appropriate*

<input type="checkbox"/>	Immediately following registration		
<input type="checkbox"/>	Later <i>(State date - MM/YY)</i> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>		

Will you have employees?

*Tick if yes*

<input type="checkbox"/>
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**6 Business activities**

The main business activities will be:

*Insert one or more 4-digit codes from the list*


**7 Registered office in jurisdiction of incorporation**

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**8 Main business address in Lesotho**

– physical address			
– postal address			
Telephone number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center; font-size: small;">fax</td> </tr> </table>		fax
	fax		
e-mail address			

**9 Service address**

Where in Lesotho may legal documents be served on the company? *(tick at least one)*

<input type="checkbox"/>	At the main business address
<input type="checkbox"/>	On a director or agent as indicated below

**10 Directors of the company and agent(s) authorised to accept service**

Surname & forename(s)	Address	Position	Service*

*\*Tick if required to accept service  
Attach Form 3A for each person required to accept service*

*Use continuation sheet if necessary*

On behalf of the company, I apply for registration as an external company.

Signed \_\_\_\_\_ Date \_\_\_\_\_