



LESOTHO

COMPANIES REGISTRY
Companies Act 2011
Sections 4, 5, 6 and 16

Application for Incorporation of a Company



FORM 1

1 Person presenting this application

Name			ID
Physical Address			
Street Name/Chief's Name			
Village			
Town			
District			
Postal Address			
Telephone Number		Email Address:	

2 The Company Name

Proposed Company Name	
Trade Name	

Is the proposed name similar to an existing name or trade mark?
(Tick as appropriate)

Yes – consent attached

No

3 The company's constitution

Will the company adopt the relevant Model Articles?
(Tick as appropriate)

Yes

No – The company's own Articles are attached

Is this a public company?
(Tick if yes)

Yes – the articles permit the offer of shares to the public

Is this a non-profit company?
(Tick if yes)

Yes – The articles prohibit distribution of profits to shareholders

Is this a private company?
(Tick if yes)

Yes- the articles restrict transfer of shares to the public

FORM 1

4 Share Capital and Anticipated Turnover

Share capital at incorporation

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Annual turnover is expected to be:

(Tick as appropriate)

Less than M. 850,000

M. 850,000 or more

5 Starting Business

When do you expect to start business?

(Tick and complete as appropriate)

Later (State date - MM/YY)

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Will you have employees?

(Tick if yes)

6 Business Activities

The main business activities will be:

(Insert one or more 4-digit codes from the list)

7 Registered Office

Physical Address

Street Name/Chief's Name

Village

Town

District

Postal Address

Tel

Email

8 Main Business

Physical Address

Tick if same as the registered office. If not, give details below

Street Name/Chief's Name

Village

Town

District

Postal Address

Tel

Email

9 Service Address

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

- At the registered office
- At the main business address (if not the registered office)
- On a director or agent as indicated below

10 Directors, secretaries, executives, Nominated Officers, Accountants and agents

Surname	Forename(s)	Postal Address; Physical Address; Email	Position (Director, Chief Executive Officer, Nominated Officer Accountant, Agent etc.)	Telephone number	Service*	TIN (If any)

*Tick if required to accept service

Use continuation sheet if necessary

11 To be filled by Directors for Tax purposes only

Surname	Forename(s)	Bank Details	Employment Details	Marital Status	If Married	Spouse Details
		Name of Account Holder; <hr/> Name of bank; <hr/> Account no; <hr/> Account Type; <hr/> Branch;		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Community of Property <input type="checkbox"/> Ante Nuptial Agreement	Name; <hr/> Surname; <hr/> Maiden Names <hr/> Spouse's TIN(<i>if any</i>):
		Name of Account Holder; Name of bank:STD <hr/> Account no; <hr/> Account Type <hr/> Branch;		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Community of Property <input type="checkbox"/> Ante Nuptial Agreement	Name <hr/> Surname; <hr/> Maiden Names; <hr/> Spouse's TIN(<i>if any</i>):
		Name of Account Holder; <hr/> Name of bank; <hr/> Account no; <hr/> Account Type; <hr/> Branch;		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Community of Property <input type="checkbox"/> Ante Nuptial Agreement	Name; <hr/> Surname <hr/> Maiden Names <hr/> Spouse's TIN(<i>if any</i>):