

PRIVATE SECTOR COMPETITIVENESS PROJECT
LESOTHO ENTERPRISE ASSISTANCE PROGRAM (LEAP)
APPLICATION FORM FOR MSMEs

Name and Nationality of Applicant: _____

Type of Organization and Certificate of Incorporation No (if Co.): _____

Name and Passport/ID No. of Contact Person: _____

Business Address: _____

Telephone No(s): _____ Cell: _____

Email Address: _____

Website Address: _____

Type of Business: _____

When Did Business Start Operations? _____

Brief Description of Business Activities: _____

Brief Description of Problems Business is encountering: _____

Number of Employees: Current Year : _____

 Last Year : _____

Turnover (M): Current Year : _____

 Last Year : _____

Name & phone numbers of your Accountants: _____

Signature of Applicant: _____

Date: _____

Complete the form and return it to:

The Project Manager
Lesotho Enterprise Assistance Programme (LEAP)
4th Floor, LNDC CENTRE
P O Box 747
Maseru 100
Telephone: 22 315100 Fax: 22 315099