

Lesotho Postbank Merchant/Agent Banking Application Form

Clearly fill the answers to all questions in this form. Where additional information is required, or where you wish to supplement your answers and there is insufficient space, attach to this form additional sheet containing the data. Retain a copy of this application for your permanent records.

PART A: COMPANY AND OWNER'S DETAILS

1	Company/Outlet information		
z	a) Company name:		
	b) Company TIN number		
	c) Name of building/mall		
	d) Location of business	Town:	
	e) Trade Name, if different from b) above		
	f) P.O Box		
	g) Telephone Number:		
	h) Cell phone Number		
	i) Email Address, if applicable		
	j) Business Type (Limited, Sole Proprietor, Partnership , Association)		
	k) Industry of the Business		
	l) Applying for		
	m) Existing Point of Sale(Y/N)		
	n) If Y in l) above, specify the name of institution		
	o) Turnover/month		
p) Number of POS devices required			
2	Details of Company Directors/Shareholders/Partners		
	1	2	3
Full Names of Directors			
Status of Directorship			
ID Numbers: (Passport, National ID, Driver's License)			
Cell Phone Numbers			

PART B: GENERAL QUESTIONS

	GENERAL QUESTIONS (Please tick Yes or No)	YES	NO	Official (Bank) Comments										
1	Do you own the business premises / rent													
2	Do you have constant supply of electricity or other suitable and reliable power sources such as generator or solar in the business premises?													
3	Do you have security arrangements for your business?													
4	On average, how many customers visit your outlet on a daily basis? Indicate as provided below.													
	<table border="1"> <tr> <td>Below 20</td> <td>21 – 50</td> <td>50 – 100</td> <td>101 - 200</td> <td>201 and more</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Below 20	21 – 50	50 – 100	101 - 200	201 and more								
Below 20	21 – 50	50 – 100	101 - 200	201 and more										

PART C: DOCUMENTS REQUIRED FOR REGISTRATION

For sole proprietors, business names and partnerships

1. Traders License
2. Tax Clearance
3. 3 months Bank Statement/Banking Details (if not LPB Client)
4. Identity Document (Passport/National ID/License)

For limited liability companies

1. Copies of Certificate of Incorporation and Business Extract Memorandum and Articles of Association
2. Tax Clearance and Trader's License
3. 3 months Bank statement/Banking Details (if not LPB client)
4. Identity Document (Passport/National ID/License)
5. Resolution Letter

For Sub Agent

1. Identity Document (Passport/National ID/License)
2. Proof of residence
3. Cell Phone Numbers

PART D - DECLARATION

I/We declare that the information, particulars and statements furnished herein are true and correct to the best of my/our knowledge and belief, if any information provided is found to be incorrect such as to constitute a misrepresentation, Lesotho PostBank has the full, undisputed right to cancel the Agreement immediately.

I/We undertake to abide by the terms and conditions which Lesotho PostBank has at present or which the bank may formulate in future regarding the operations of Merchant/Agent Banking.

Full Name:		Company Seal /Stamp
Position in Business:		
Identification:		
Tel - contact:		
Permanent Residence:		
Signature:		
Date:		

Full Name :	
Position in Business:	
Identification:	
Tel – contact:	
Permanent Residence:	
Signature:	
Date:	

RESOLUTION TO HOST LESOTHO POSTBANK POS DEVICE

Resolution for approval of _____ as a Merchant/Agent Banker

The Board of Directors of _____ in their meeting held on

_____/_____/2019 at _____ resolved that:

1. _____ hosts Lesotho PostBank POS devices
2. Mr. / Mrs. / Miss / Ms _____ appear on behalf of _____ before Lesotho PostBank and sign and / or negotiate on behalf of _____ any documents necessary for finalising the appointment of _____ as a POS Merchant/Agent Banker for Lesotho PostBank

We the undersigned:

1. _____

2. _____

3. _____

4. _____