



Physical Address Lesotho Revenue Authority Tel: +266 22313796  
 Finance House P.O. Box 1085 Fax: +266 22312091  
 High Court Road Maseru 100 Website: www.lra.org.ls  
 Lesotho, Southern Africa

Serving You, Serving the Nation  
 Re Sebeletsa Uena, Re Sebeletsa Sechaba

## Preferred Trader Application Form

<b>PART A BUSINESS PARTICULARS</b>														
TIN														
Legal Name														
Trading Name														
Postal address (P/Bag or P.O Box)											Postal code			
Physical address (street name)														
District														
Contact details	Telephone Number													
	Facsimile Number													
	Cellphone Number													
	Email Address													
<b>PART B PURPOSE OF APPLICATION (tick an applicable option)</b>														
New Application											<input type="checkbox"/>	<input type="checkbox"/>		
Reinstatement											<input type="checkbox"/>	<input type="checkbox"/>		
<b>PART C NATURE OF BUSINESS (tick an applicable option)</b>														
Sole trader											<input type="checkbox"/>	<input type="checkbox"/>		
Partnership/joint ventures											<input type="checkbox"/>	<input type="checkbox"/>		
Limited Company											<input type="checkbox"/>	<input type="checkbox"/>		
Lesotho branch of non-resident company											<input type="checkbox"/>	<input type="checkbox"/>		
Government body											<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)											<input type="checkbox"/>	<input type="checkbox"/>		
<b>PART D Directors/Partners Details (attach list if there are more than 3 Directors or more than 3 partners)</b>														
Surname					Full names						Initials			
ID Number					TIN									
Surname					Full names						Initials			
ID Number					TIN									
Surname					Full names						Initials			
ID Number					TIN									

<b>PART E PARTICULARS OF A CONTACT PERSON</b>												
TIN												
Surname												
Full names												
Postal address (P/Bag or P.O Box)											Postal code	2
Physical address (street name)												
District												
Contact details	Telephone Number											
	Facsimile Number											
	Cellphone Number											
	Email Address											
Capacity												

<b>PART F DECLARATION OF APPLICANT</b>				
I hereby declare that the particulars herein are true and correct.				
Initials and Surname:			Date (day, month, year)	
Signature:		Status: (e.g. Director)		Place
<b>Note: If the signatory is not a director, partner or trustee in the business a letter of authority must accompany this application form.</b>				