



CORNER LINARE & PARLIAMENT ROAD, P.O. Box 1378, MASERU 100, LESOTHO  
Tel: (22312238 Fax: 22310189 Website: www.visitlesotho.travel

## SUPPLIER REGISTRATION FORM

*{Authorised purchase orders can only be issued by the procurement & Administration Office}*

### ATTACHMENTS

1. **TRADER'S LICENCE – CERTIFIED AT SOURCE**
2. **TAX CLEANCE CERTIFICATE – CERTIFIED AT SOURCE**
3. **COMPANY PROFILE**

1.0 **Details of Company**

1.1 **Company Name and address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.2 **Telephone Number:** \_\_\_\_\_

1.3 **Fax number:** \_\_\_\_\_

1.4 **Email address:** \_\_\_\_\_

1.5 **VAT Reg. NO (if application)** \_\_\_\_\_

1.6 **Year of incorporation:** \_\_\_\_\_

1.7 **License Reg. Number:** \_\_\_\_\_

1.8 **Registration Office Address:** \_\_\_\_\_

1.9 **Name and address of parent or Holding company:** \_\_\_\_\_

1.10 **Type of company: (Sole Ownership, Partnership, Private Limited Company, Public Limited Company):** \_\_\_\_\_

1.11 **Name of:** Managing Director \_\_\_\_\_

Sales Director \_\_\_\_\_

Other Senior Managers \_\_\_\_\_

1.12 **Trade Association Membership:**


2. **Type of Business (Tick relevant box):**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacture	Distributor	Wholesaler	Contractor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	Dealer	Service Provider	Consultant

2.1 **Please list the principal equipment and/or services the company provides (Please do not refer to a product catalogue)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

2.2 **Our support services e.g. availability of maintenance cover/spare parts/response time**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Financial Information**

3.1 Please attach a copy of the company's audited accounts for the last two years. If you are a partnership, a sole trader or if your business was formed within the two years please provide management accounts if available.

**3.2 Financial Performance over the last two years if available:**

	<b>Annual Turnover</b>	<b>Pre-tax Profit</b>
F/Y 20__/_/__	_____	_____
F/Y 20__/_/__	_____	_____

3.3 If you have obtained accreditation, please provide the name of the assessment body, the date of registration and the registration number:

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**4. Recent contracts and services completed: please fill the table below:**

<b>Company Name</b>	<b>Nature of work done</b>	<b>Amount of work completed</b>	<b>Contact person Designation</b>	<b>Contact Numbers</b>

**4.1 The Registration Form should be returned to:**

The Head Finance and Administration  
Lesotho Tourism Development Corporation  
Corner Linare and Parliament Road  
P O Box 1378  
Maseru

**6. Declaration by Vendor**

I confirm that all information furnished is true to the best of my knowledge and belief:

\_\_\_\_\_  
Name in Full

\_\_\_\_\_  
Signature of Chief Executive/ Managing Director

\_\_\_\_\_  
Date:

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**For office Use only:**

**LTDC Head Finance and Administration - Services recommendation**

This supplier should be included on the Approved Suppliers List for the following type (s) of work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This supplier should not be included on the Approved Suppliers List for the following type(s) of work, and underlying reasons

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Supplier to register with LTDC upon satisfaction of the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_  
Head Finance and Administration

\_\_\_\_\_  
Date

LTDC Procurement Stamp

