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**SCHEDULE 1**

**APPLICATION FOR A LICENCE TO CONDUCT  
MICRO FINANCE INSTITUTION  
(Regulation 9(1))**

The Governor  
Central Bank of Lesotho  
P. O. Box 1184  
MASERU 100

1. I, the undersigned, acting as principal or duly authorised agent on behalf of or as chairman or chief executive officer of

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ف Principal Business activities

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2. The following documents are being submitted to comply with the initial requirements for evaluation. Where a document is not applicable this so stated –

(1) Information Sheet (Schedule II)

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(2) Personal Declaration Sheet (Schedule III)

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

(3) Proposed Capital Structure

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- (4) Economic justification and outline of short, medium, and long term business plans with details on –
  - a) financial, commercial, and other business establishments within the proposed area of operation or targeted markets;
  - b) deposits or other fund gathering sources as well as lending and investment potentials; and
  - c) financial services to be offered by the applicant.
- (5) Financial projections (balance sheets, income statements, and cash flow statements) for at least a three-year period, including details of estimated organisation expenses. Assumption used and other bases for projections are indicated.
- (6) Schematic presentation, with regard to the group of companies of which applicant is a member, reflecting all interests held in and by each member company including the nature of business of each of these entities.
- (7) List of existing shareholdings of the applicant and its controlling shareholders, directors, officers and officials in other licensed financial institutions.
- (8) Certified true copies of the audited financial statements or annual reports for the past two years prepared in accordance with generally accepted accounting principles.
- (9) Authenticated copies of the memorandum and articles of association or, in case of foreign institution, such similar documents regulating its affairs.
- (10) If the applicant is a foreign financial institution, a statement from the supervisory authorities of the home country declaring that:
  - (a) it has given its prior approval for the establishment of a subsidiary, branch or any other office in Lesotho,
  - (b) it shall exercise comprehensive supervision over the parent institution on a consolidated basis, and
  - (c) the applicant's chairman, directors, principal officers and management as a whole are fit and proper persons.
- (11) Latest tax compliance certificate or certified true copy of corporation tax returns.
- (12) Individual credit references for the applicant and each of its principal shareholder, director, officer and official from at least two banks or financial institutions with whom such persons have had financial dealings within the past two years.

- (13) Certified true copy of the board resolution of the Head Office or Parent Company authorising the establishment of a branch or subsidiary.
- (14) Any query, clarification or additional requirements regarding the acquisition of a specified number of shares in applicant institution (if major shareholder is a corporation or company).
- (15) Any query, clarification or additional requirement regarding this application may be directed to the following officers authorised to liaise with the Central Bank.

Name:..... Telephone No:.....

Name:..... Telephone No:.....

**Certification and Undertaking**

I, the undersigned,..... hereby certify that all information contained in and accompanying this application is complete and accurate to the best of my knowledge and belief.

I also undertake to forthwith notify the Central Bank of Lesotho, of any material change in the particulars of this application.

Sworn at Maseru, Lesotho

This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Deponent (Position)

Deponent understands contents of this affidavit

**Before me,**

\_\_\_\_\_  
**A COMMISSIONER OF OATHS**

- N.B. 1. All sections in this form must be filled and therefore no section shall be left blank.
2. Where information is not provided, please place “NOT APPLICABLE” or “NONE”, as the case may be.
3. If any space provided in the form is adequate, the required information or data needed may be supplied, as on annex.
4. Reference shall be made in the relevant section of the form by placing the words “REFER TO ANNEX.....”.

**Schedule I**

**(regulation 14 (1))**

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**FOR CENTRAL BANK OF LESOTHO USE**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Documents checked for completeness by: \_\_\_\_\_

Letter of Deficiency or Acknowledgement sent on: \_\_\_\_\_

Action Taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  

_____ Evaluating Officer	_____ Director Supervision Department
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**SCHEDULE II**  
**INFORMATION SHEET**  
**(regulation 9(1))**

1. Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Principal Business Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Head/Main Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(a) Address: \_\_\_\_\_  
\_\_\_\_\_  
(b) Telephone No. \_\_\_\_\_  
(c) Telefax No.: \_\_\_\_\_

3. Branches:

Address	Date Approved or Date Opened
_____	_____
_____	_____
_____	_____
_____	_____

Subsidiaries & Affiliates: Name & Type of business	Amount of Shares Held	% of Shares Held to Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Management:

(1) Board of Directors:			
Name	Designation	Present Term	No. of Years as From – To Board Member
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(1) Board Committee(s):	
Name & Purpose of Committees(s)	Name of Member
_____	_____
_____	_____
_____	_____
_____	_____

(2) Officers:		
Name	position	No. of Years As Officer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Ownership Profile:					
	Name	Country of Citizenship	Paid-up Capital Residence	Amount	%
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

Other Shareholders owing less than 5% (number \_\_\_\_\_)

TOTAL \_\_\_\_\_ 100%

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8. Organisation Profile:

- (1) Organisation Chart – Annex A chart indicating major departments or divisions which names and position titles of officers heading each department or division.
- (2) Functions – Annex A list of functions or responsibilities for each department or division listed in organisation chart indicating number of personnel or staff for each.
- (3) Qualifications of its principal shareholders and directors.
- (4) Annex Personal Declaration sheet of each principal shareholder, director and officer.
- (5) Powers and purposes – Annex the latest copies of memorandum and articles of association of not previously submitted to the Central Bank.

9. Shareholdings in Other Financial Institutions:

Name of Financial Institution	Shares Owned Amount	Number	% of Capital
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Certification and Undertaking

I, \_\_\_\_\_, certify that all information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief.

I also undertake to forthwith notify the Central Bank of Lesotho within a period of fifteen days of any material change to this Information Sheet.

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Sworn at Maseru, Lesotho

This \_\_\_\_\_ day of \_\_\_\_\_

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Signature of Deponent  
(Position)

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Deponent understands contents of this affidavit

**Before me,**

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**A COMMISSIONER OF OATHS**

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2. Where information is not provided, please place “NOT APPLICABLE” or “NONE”, as the case may be.
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“REFER TO ANNEX.....”



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**SCHEDULE III  
PERSONAL DECLARATION SHEET**

**(regulation 9(1))**

1. Name and Capacity of person making this declaration:

(1) Name: \_\_\_\_\_

(2) Position or Capacity: \_\_\_\_\_

2. Date and place of birth:

\_\_\_\_\_

\_\_\_\_\_

3. (1) Citizen of: \_\_\_\_\_ (2) Resident of: \_\_\_\_\_  
(Country) (Country)

Since \_\_\_\_\_ Since \_\_\_\_\_  
(Year) (Year)

4. Addresses:

(1) Present Business Address  
(Lesotho, since \_\_\_\_\_) (Outside Lesotho since \_\_\_\_\_)

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

(2) Present Residential Address:

(Lesotho, since \_\_\_\_\_) (Outside Lesotho, since \_\_\_\_\_)

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

(3) Last two addresses in Lesotho, if any, during the past 10 years:

(Since \_\_\_\_\_) (Since \_\_\_\_\_)

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

5. Professional Qualifications:

Particulars	Year Obtained
(1) Highest Academic Degree	
_____	_____
_____	_____
_____	_____
(2) Special Awards or Honours	
_____	_____
_____	_____
_____	_____
_____	_____
(3) Training Courses or Seminars	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
(4) Membership in Professional Organisations	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Occupation or Employment (Present or most recent and for the last 10 years):

Name & Business of Employer	Positions Held	Inclusive Date (M & Yr)	
		From	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Other Business Affiliations (Direct and Indirect):

Name of Business	Nature of Affiliation i.e. Director, Officer, Share- Holder with % holdings specified etc.	Inclusive Date (M & Yr)	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Family Group

Business Affiliation

(State Name of Business and Nature of Affiliation i.e. Director, Officer, Shareholder with % holdings specified)

Name

(1) Spouse

_____	_____
_____	_____

(2) Children:

_____	_____
_____	_____
_____	_____

(3) Parents:

_____	_____
_____	_____

(4) Brothers or Sisters:

_____	_____
_____	_____
_____	_____

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9. Record of court cases or any investigation by governmental, professional or any regulatory body (including pending cases or on-going investigations):

Name of Court or Investigative Body	Full Particulars	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Documentary Requirements –

- (1) Certified statement of assets and liabilities;
- (2) Latest tax compliance certificate or certified true copy of income tax returns;
- (3) Two letters of character reference certified and duly notarised from individuals other than relatives who have personally known the undersigned for at least ten years;
- (4) Two letters, duly certified and notarised, from financial institutions with whom the undersigned has had dealings for the last two years on the performance of past and present accounts such as, unauthorised overdraft on deposit accounts, past-due or delinquent accounts; and
- (5) Police Clearance.

11. Certification and Understanding

I, \_\_\_\_\_ certify that all the above information contained and accompanying this form is complete and accurate to the best of my knowledge and belief and that I do not possess any of the disqualification's provided under section 43 (1) of the Financial Institutions Act.

I also undertake to notify the Central Bank of Lesotho within period of fifteen days, of any material change to this Personal Declaration Sheet.

Sworn to at Maseru, Lesotho

This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Deponent (Position)  
Deponent understands contents of this affidavit

**Before me,**

\_\_\_\_\_  
**A COMMISSIONER OF OATHS**

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**SCHEDULE IV**

**LICENCE FEES FOR APPLICATION TO CONDUCT NON-BANK  
FINANCIAL SERVICE BUSINESS  
(Regulation 9(1))**

<b>Business Type</b>	<b>Investigation Fee</b>	<b>Registration Fee</b>	<b>Licence Fee</b>	<b>Licence Annual/Renewal Fee</b>	<b>Branch/Agent Fee</b>
Money Transfer	M 500.00	M 500.00	M 1000.00	M 1000.00	M 1000.00
Foreign Exchange Bureaux	M 500.00	M 500.00	M 1000.00	M 1000.00	M 1000.00
Financial Leasing	M5000.00	M5000.00	M2500.00	M2500.00	M2500.00
Microfinance TIER 1	M15,000.00	M10,000.00	M15,000.00	M15,000.00	M7,500.00
Microfinance TIER 2	<b>M5,000.00</b>	<b>M5,000.00</b>	<b>M5,000.00</b>	M5,000.00	<b>M3,500.00</b>
Microfinance TIER 3	<b>M2,500.00</b>	<b>M2,000.00</b>	<b>M2,500.00</b>	M2,500.00	<b>M1,500.00</b>
Credit Guarantee Schemes	M5000.00	M5000.00	M2500.00	M2500.00	M2500.00

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