# (h) leselihub

LESELIHUB SHARES APPLICATION FORM.

### APPLICATION FORM TO SUBSCRIBE FOR SHARES IN LESELIHUB

### instructions

- 1. The following options are available to all Applicants to complete an Application Form:
  - a. Online: Applicants may visit the website www.leselihub.com to download the Application Form, complete it and email it to shares@leselihub.com. Leselihub will then reply with a set of instructions on how to make payment and steps to take after making payment.
  - b. **Call**: Applicants may call on 57268548 / 58335233 to complete the Application Form. Upon completion of the Application, the Applicant will receive an SMS with a set of instructions on how to make payment and steps to take after making payment.
  - c. Hand Delivery: Applicants may download forms on our website www.leselihub.com OR collect forms from Leselihub office, complete the form and deliver it back to our office. At the office, the applicant will then be given a set of instructions on how to make payment.
- 2. Every Applicant must submit form with certified copy of passport/ID, in the case of a company please provide traders license and tax clearance. In the case of a Society/Association/ Cooperative please provide registration documents.
- 3. The minimum subscription required for participation by an Applicant in the Public Offers 10 Leselihub shares at M206.67 per LESELIHUB share, which amounts to a minimum subscription payment of M2,066.70
- 4. The maximum subscription required for participation by an Applicant in the Public Offer is 1000 Leselihub shares at M206-67 per LESELIHUB share, which amounts to a maximum subscription payment of M206,670.00
- 5. If you are unsure as to the correct way to complete the Application Form, please contact us on: 57268548 / 58335233
- 6. After your application form and supporting documentation have been processed you will receive a set of instructions by Email/SMS/Call with payment instructions. Use your Passport/ID number as a reference on all your payments. Use account details on the payment instruction to make payment, whatever amount you deposit you (or other persons) into the Leselihub bank account, will constitute to subscribe for as many Leselihub shares as possible (in multiples of M206-67) up to the maximum number of Leselihub shares allocated to you and any excess amount will be refunded to you, without any interest.
- 7. If you make a mistake when completing your Application Form or your details have changed after completing the Application Form (created and submitted through the above channels), you will need to email: shares@leselihub.com to update the details. You will be required to provide all supporting documentation before your changes are effected.





## PERSONAL DETAILS OF APPLICANT

SURNAME:
FIRST NAMES (AS PER IDENTITY DOCUMENTS:
GENDER: MALE FEMALE
LESOTHO IDENTITY NUMBER :
LESOTHO CITIZEN: YES / NO
COUNTRY OF ORIGIN: LESOTHO / OTHER
ARE YOU A MEMBER OF ANY ONE OR MORE OF THE FOLLOWING DESIGNATED GROUP
(AS DEFINED)
DISABLED
UNEMPLOYED
LIVING IN RURAL AREAS
YOUTH
CONTACT DETAILS OF APPLICANT
CONTACT DETAILS OF APPLICANT
EMAIL ADDRESS:
CELLPHONE NUMBER :WORK NUMBER :
HOME PHONE NUMBER :
RESIDENTIAL ADDRESS :
CITY / TOWN

POSTAL ADDRESS.....



# **DETAILS OF COMPANY / COOPERATIVE / SOCIETY**

REGISTRATION NUMBER:  PHYSICAL ADDRESS:  TELEPHONE NUMBER:  EMAIL  PERSON REPRESENTING ENTITY  NAME:  SURNAME.  IDENTITY NUMBER:  PHYSICAL ADDRESS:  POSTAL ADDRESS:  POSTAL ADDRESS:  EMAIL:  DETAILS OF PARENT / GUARDIAN IF APPLICANT IS A MINOR  SIGNING THIS FORM IS SIGNING IN A REPRESENTATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:  FIRST NAMES/AS HE DERTITY COLUMENT.  IDENTITY NUMBER:  WORK NUMBER:  HOME NUMBER:  EMAIL ADDRESS:  RESIDENTIAL ADDRESS:	NAME OF ENTITY:
PERSON REPRESENTING ENTITY  NAME:	REGISTRATION NUMBER :
PERSON REPRESENTING ENTITY  NAME:	PHYSICAL ADDRESS:
NAME:	TELEPHONE NUMBER:EMAIL
NAME:	DEDCON REPORCENTING ENTITY
IDENTITY NUMBER:	PERSON REPRESENTING ENTITY
PHYSICAL ADDRESS:	NAME :SURNAME
POSTAL ADDRESS:	IDENTITY NUMBER:
DETAILS OF PARENT / GUARDIAN IF APPLICANT IS A MINOR  SIGNING THIS FORM IS SIGNING IN A REPRESNITATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:	PHYSICAL ADDRESS:
SIGNING THIS FORM IS SIGNING IN A REPRESNITATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:	POSTAL ADDRESS :TELEPHONE NUMBER:
SIGNING THIS FORM IS SIGNING IN A REPRESNTATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:	EMAIL.
SIGNING THIS FORM IS SIGNING IN A REPRESNTATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:	EIVIAIL
CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:	EIVIAIL
CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:	
SURNAME:	
IDENTITY NUMBER:CELLPHONE NUMBER:	DETAILS OF PARENT / GUARDIAN IF APPLICANT IS A MINOR
WORK NUMBER:HOME NUMBER:	DETAILS OF PARENT / GUARDIAN IF APPLICANT IS A MINOR  SIGNING THIS FORM IS SIGNING IN A REPRESNITATIVE CAPACITY
EMAIL ADDRESS:	DETAILS OF PARENT / GUARDIAN IF APPLICANT IS A MINOR  SIGNING THIS FORM IS SIGNING IN A REPRESNITATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN
	DETAILS OF PARENT / GUARDIAN IF APPLICANT IS A MINOR  SIGNING THIS FORM IS SIGNING IN A REPRESNITATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:
RESIDENTIAL ADDRESS:	SIGNING THIS FORM IS SIGNING IN A REPRESNITATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:
	DETAILS OF PARENT / GUARDIAN IF APPLICANT IS A MINOR  SIGNING THIS FORM IS SIGNING IN A REPRESNITATIVE CAPACITY  CAPACITY BIRTH PARENT OF MINOR LEGAL GUARDIAN  SURNAME:

CITY/TOWN: .....POSTAL CODE: .....



# BANK ACCOUNT FOR APPLICANT (LESOTHO BANKS ONLY

NAME OF BANK:
ACCOUNT NUMBER:
BRANCH CODE:
ACCOUNT TYPE: CHEQUE ACCOUNT SAVINGS BUSINESS
PLEASE NOTE THAT ALL REFUNDS, DIVIDENTS AND OTHER PAYMENTS WILL BE MADE IN MALOTI TO THE ABOVE ACCOUNT WHICH MUST BE IN THE APPLICANTS NAME. REFUNDS DIVIDENTS AND OTHER PAYMENTS WILL NOT BE MADE IN FOREIGN CURRENCY, INTO FOREIGN BANK ACCOUNTS OR TO ANY PERSON OR BANK ACCOUNT OTHER THAN TO THE APPLICANT'S BANK ACCOUNT ABOVE.
COMPLETE A CICN
COMPLETE & SIGN
DECLARATION AND AGREEMENT: To: LESELIHUB LIMITED
I warrant to Leselihub that all of the information provided by me in this Application Form (including all supporting documents) is true and correct in all respects.
I authorize Leselihub or any relevant third party to obtain confirmation or additional information from an authorized bureau and to verify my details; and that I am obliged to assist in such verification promptly when requested to do so.
I acknowledge that Leselihub will reply on the truthfulness and completeness of the information provided by me when making its decision to issue Leselihub shares to me.
I confirm that I have read , understood and accept all aspects of the Application Form
DATE:
PLACE:
NAMES(AS PER ID):
SIGNATURE: