

KINGDOM OF LESOTHO
MINISTRY OF SMALL BUSINESS DEVELOPMENT, COOPERATIVES AND MARKETING

APPLICATION FOR A PERMIT TO IMPORT SUGAR

1. FULL NAMES OF APPLICANT.....
2. RESIDENTIAL ADDRESS.....
3. POSTAL ADDRESS.....
4. BUSINESS ADDRESS.....
5. PERMIT IS REQUESTED FOR IMPORTING:

SPECIFICATION	QUANTITY
.....
.....
.....
.....

6. REASONS FOR WISHING TO IMPORT:.....
.....

7. SOURCE OF SUPPLY.....Country.....

8. APPROXIMATE DATE OF IMPORTATION.....

9. STATE IF MARKET OUTLETS OF THE FINAL PRODUCT ARE EXTERNAL/LOCAL, and if external specify name of the external client/customer:.....

10. BORDER/PORT THROUGH WHICH THE BULK SUGAR CONSIGNMENT WILL PASS
.....

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT IN EVERY RESPECT AND I UNDERTAKE TO COMPLY WITH THE REQUIREMENTS SET OUT IN THE PERMIT ONCE ISSUED TO ME.

NOTE: This application must be accompanied by a certified copy of trading licence, and any information which the principal secretary may require.

DATE:.....

APPLICANT:.....

