



**PERSONAL ASSESSMENT FORM**

**Section 5 (1) (c) and (y) and Section 5 (2) of the Communications Act No. 4 of 2012**

Physical Address: 30 Princess Margaret Road, Old Europa, Maseru Tel.: + 266 22224300

Postal Address: LCA, P.O. Box 15896, Maseru 100.

**N.B.**

- a) All sections in this form must be completed.
- b) Where information is not provided, please place "NOT APPLICABLE" or "NONE" as the case may be.
- c) If any space provided in the form is inadequate, the required information or data may be supplied as schedule.
- d) Reference shall be made in the relevant section of the form by placing the words "REFER TO SCHEDULE"

**1. PARTICULARS OF A PERSON MAKING DECLARATION**

1.1	Full Names	
1.2	Position or Capacity applied for	
1.3	Date and Place of Birth	
1.4	Citizenship	
1.5	Business Address	
1.6	Residential Address	

**2. PROFESSIONAL AND ACADEMIC QUALIFICATIONS**

2.1	Academic Qualifications (starting with the highest qualification)	Date obtained
2.2	Awards or Honours	Date obtained
2.3	Training Courses and/or Seminars	Date attended

2.4	Professional Membership/s		Membership Date	
<b>3. OCCUPATION OR EMPLOYMENT (MOST RECENT AND FOR THE LAST 10 YEARS)</b>				
3.1	Name of Employer	Positions Held	Month and Year	
<b>4. OTHER BUSINESS AFFILIATIONS (DIRECT AND INDIRECT)</b>				
4.1	Name of Business	Nature of Affiliation (e.g. Director, Shareholder or Officer)	Date - From /To	
<b>5. RELATED PARTY BUSINESS AFFILIATIONS (Spouse, Children, Parents (including in-laws) and Brothers or Sisters (including in-laws))</b>				
5.1	Name of relative	Relationship	Name of Business	Nature of affiliation (e.g. Director, Shareholder of Officer)

<b>6. RECORD OF COURT CASES OR ANY INVESTIGATION BY GOVERNMENTAL, PROFESSIONAL OR ANY REGULATORY BODY (INCLUDING PENDING CASES OR ON-GOING INVESTIGATIONS)</b>	
6.1	Name of Court, Regulatory or Investigative Body
6.2	Full Particulars of the Court Case or Investigations
6.3	Status of Court Case or Investigations
<b>7. SHAREHOLDERS'/DIRECTORS'/OFFICERS' INVOLVEMENT OR PARTICIPATION</b>	
7.1	Describe the extent, if any, of involvement of each shareholder and /or director and / or officer in the day-to-day management of the Licensee
7.2	For each shareholder, director and officer, disclose any conflict of interest in relation to the Licensee
7.3	Describe any transactions, contracts, professional fees and other types of business relationships involving promoters, principal shareholders, directors, officers or their related parties and the Licensee
<b>8 DOCUMENTARY REQUIREMENTS - PLEASE ATTACH THE DOCUMENTS LISTED BELOW</b>	
8.1	Certified statement of assets and liabilities
8.2	Latest tax clearance certificate or certified true copy of income tax returns
8.3	Two letters of character reference from individuals other than relatives who have personally known the undersigned for at least ten years
8.4	Letter/s 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 account/s
8.5	Police Clearance

**9 DECLARATION AND UNDERTAKING**

I declare that the above information and accompanying documents are complete and accurate to the best of my knowledge and belief and I do not possess any disqualifications.  
I also undertake to notify the Lesotho Communications Authority within period of thirty days, of any material change.

Sworn to at: \_\_\_\_\_

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

Signature of Deponent \_\_\_\_\_

Deponent acknowledges that he/she understands the contents of this affidavit signed and sworn before me.

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

**Name:** \_\_\_\_\_

**Capacity:** \_\_\_\_\_

**Area:** \_\_\_\_\_

**Affix Office Stamp**