

MINISTRY OF HEALTH AND QUALITY OF LIFE

REGISTRATION FORM FOR NGOs

Name of NGO:

Address:

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Phone Number:

Fax Number:

Email:

Registration Number: (Registration certificate to be attached)

(if registered with the Registrar of Associations or any Recognized Authority)

Year of Registration:

Area of Operation:

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Name and Contact details:

of the Chairman and the

Secretary

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Please complete the form and return it to the Supervising Officer, Ministry of Health and Quality of Life, 5th floor, Emmanuel Anquetil Building, Port Louis or by fax at: 201 3545 by 27 May 2011 at latest.