



Mauritius Qualifications Authority

(Established under the Mauritius Qualifications Authority Act 2001)

Please read carefully
the General Notes
or Page 2 before
filling this form

Application form for Notification of Change/s

A. Applicant's Details

Name of Registered Training Institution:
Correspondence Address:..... (in block letters)
Name of Manager:..... (in block letters)
Name of Programme Officer:..... (in block letters)
Registration Period: up to/...../.....
Phone No. - Office :..... Home: Mobile: Fax :.....
Email address :.....
Website: http://.....

Please attach relevant documents and information with respect to change/s.

Please tick (√) area/s where changes are being brought and attach supporting evidence/s.

	Tick (√)	For office use only
Change of Ownership (<i>submit details</i>)		
Change in legal status (<i>submit legal documents</i>)		
Change in training facilities (<i>submit details in same format as per item C of the application form for registration of training institutions</i>)		
Change in name of training institution (<i>submit a copy of Business Registration Card</i>)		
The intent of an institution to acquire another entity or institution		
Change in any existing partnership, licensing or franchising arrangements (<i>submit details</i>)		
Change in Course Title (<i>submit justification</i>)		
Change in Trainer of an approved course/accredited programme(<i>submit agreement with new trainer</i>)		

Please tick (✓) area/s where changes are being brought and attach supporting evidence/s (ctd...).

Change in course fee of an approved course/accredited programme(<i>submit justification</i>)		
Any change in the site of delivery of an approved course/ accredited programme(<i>submit justification and details</i>)		
Changes to entry requirement (<i>submit details</i>)		
Any other change/s (<i>please specify</i>)		

It is an offence to give false or conceal an information in this form.

This form together with attachments should be submitted to:

**The Director
Mauritius Qualifications Authority
IVTB Compound
Pont Fer
Phoenix**

I declare that the particulars in the application and in the sheets attached thereto are true to the best of my knowledge and belief.

Name of Manager:
Surname *Other name/s*

Signature:

Date:...../...../.....

General Notes

- This form should be filled in after consultation of the Quality Assurance (QA) Standard which is available at the MQA office or which can be downloaded from MQA website at <http://www.mqa.mu>
- This form is applicable to **training institutions** intending to bring changes to their registration details.
- No fee is applicable for notification of change/s.
- Incomplete, inadequate or inaccurate filling of the application may result in the application being rejected.