



REPUBLIC OF MAURITIUS

MAURITIUS PRISONS SERVICE

Address : Prison's Road, Prison Headquarters, Beau-Bassin **Telephone:** (230) 464 3333

Website : www.gov.mu/portal/site/prisons **Fax** : (230) 465 6146

Email : cyprayag@mail.gov.mu

Supplier Registration Form

Instructions:

- a) This form must be deposited in the Tender Box at the above address.
- b) All forms must be completed in ink and in English.
- c) Incomplete or incorrect submissions may not be retained for registration.
- d) Submission of information at fields marked '*' is compulsory.

Section I – Corporate Information

1. Name of Company/Business:*

.....

2. Registered Address: *

.....

3. Mailing Address (if different from 2):

.....

4. Telephone (Head Office) :

5. Fax Number :

6. Email Address :

7. Contact Person Name and Title:

8. Contact Person Email Address:

9. Contact Person (Tel/Mobile) :

10. Type of Business:*

Corporation Sole Proprietorship Limited Partnership

Other (specify)

11. Certificate of Incorporation, Number and Date:

12. Average Annual Turnover (Rs) :

13. No. of full-time Employees :

Section II – Financial Information

1) Bank Name :

2) Bank Account Number :

3) Business Registration Number :

4) V.A.T Number :

5) T.A.N :

Section III – Business History

Please tick as appropriate

1. Has company been operated under any other name?* Yes No

(If yes, former name)

2. Has company ever filed or petitioned for bankruptcy?* Yes No

(If yes, to provide detail explanation and current status)

3. Are there any lawsuit, legal action or litigations pending Yes No

against your Company?*

(If yes, attach details)

4. Has company ever been terminated for non-performance?* Yes No

(If yes, attach details)

5. Has company ever dealt with the Mauritius Prisons Service?* Yes No

(If yes, please attach details of last transactions)

Section IV – Goods/Works/Services/Consultancy Information

1. Indicate company's primary nature of Business*

Manufacturing Distribution Retailer Service
Consulting Leasing Maintenance

2. Is company ISO Certified?* Yes No

To what levels?

3. Is company profile / brochure attached? Yes No

Section V- Previous Experience

- 1) Does the Company have previous experiences in the above mentioned nature of business?

(If yes, please answer question 2 of this section, below) Yes No

- 2) Indicate the previous experiences whereby such activities were provided on a contractual basis?

(Please attach details of the experiences)

Section VI- Qualifications where applicable

- I. Suppliers having the technical capacity, resources and sound financial situations,
 - a. Shall submit the following:
 - i. Bio data
 - ii. Qualifications of Staff where applicable.
 - iii. Experience (at least 3 years in Supply of Goods, Services, Works & Consultancy Services)
 - iv. List of contracts (Undertaken & Completed)
 - v. After sales service for equipment where applicable
 - vi. Any additional information or performance

Section VII

Principal Customer References

1. Company Name:*

.....

2. Company Address:*

.....

3. Primary Contact* :

4. Telephone No. *:

5. Contract Value (Rs)* :

6. Company Name* :

7. Company Address* :

8. Primary Contact* :

9. Telephone* :

10. Contract Value (Rs)* :

Please supply a list of recent major customers.

I hereby authorize the Mauritius Prisons Service (MPS) to conduct an investigation concerning any and all statements contained in this questionnaire, interview all references, and conduct any other investigation or audit examination that it deems appropriate. I request that all duly constituted law enforcement agencies or judicial officers to furnish to the Mauritius Prisons Service with any and all information it may have pertaining to my company, its officers, and/or Personnel. I hereby release the Mauritius Prisons Service, any law enforcement agency, judicial officer, or other individual/party from any liability arising from the disclosure of information pertaining to my company and its personnel which is obtained during said investigation.

All information supplied on this form is true and can be ascertained. I understand that any incorrect information given in this questionnaire may result in disqualification from Registration and termination of on-going contracts.

All information in this document will remain in strict confidence with the Mauritius Prisons Service.

Name of Authorised Person*:.....

Title*:.....

Signature:.....

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

Mauritius Prisons Service

Prisons' Headquarters

Prison Road,

Beau-Bassin.