



MAURITIUS REVENUE AUTHORITY

MRA/CUS/DR/FORM 9

Customs Department, IKS Building, Port Louis
Tel. No: 206 3400; Fax Nos: (230) 240 1032, (230) 240 0434
Email : customs@mra.mu

APPLICATION FORM

BONDED WAREHOUSE

SPECIFIED BONDED WAREHOUSE

BONDED SHOWROOM

PARTICULARS OF APPLICANT

Title: SURNAME:

Designation: First Name:

NIC No/Passport No.:

Company or Business Name:

Address: Telephone:

Fax:

Mobile:

Email:

TAN or VAT No.:

PARTICULARS OF WAREHOUSE OR SHOWROOM

Name of contact person:

Exact location of warehouse or showroom: Telephone:

Fax:

Mobile:

Email:

FOR OFFICIAL USE ONLY

RECOMMENDATION OF SECTION HEAD, DEFERRAL REGIMES

APPROVAL BY DIRECTOR, CUSTOMS DEPARTMENT

(State whether all conditions have been fulfilled and approval can be given)

Signature:

Signature:

Name:

Name:

Name of Section Head:

Director, Customs Department For Director-General

Signature of Section Head:

Date:

Date:

ADDITIONAL PARTICULARS / ANNEXURES

PARTICULARS TO BE PROVIDED BY APPLICANT:

- 1 Number of vehicles likely to be stored at any time in bonded showroom _____
- 2 Area of warehouse or showroom (in Sq metres) _____ **M²**
- 3 Maximum amount of duty and taxes on goods/vehicles that can be stored at any time _____ **Rs**

DOCUMENTS TO BE PRODUCED AT REGISTRATION SECTION

- 4 Site plan of warehouse or showroom
- 5 Copy of trade licence
- 6 Copy of import permit from Ministry of Commerce (second hand vehicle)
- 7 Clearance Certificate from Government Fire Services

DOCUMENTS TO BE PRODUCED AT BOND SECTION

- 8 List of Test Plate number/s as issued to your company by the National Transport Authority (applicable for bonded showroom only)
- 9 Detailed contingency plan of the Company to be implemented in case of cyclonic conditions
- 10 Proper lighting and security arrangements
- 11 Warehousing management system used by your company
- 12 Conversant with Customs Laws and Regulations

DECLARATION

I, Mr/Mrs/Ms.....(full name of applicant in block letters) hereby declare that the information given as per above is true and correct and that all necessary steps shall be taken to inform Customs immediately of any changes in the above-mentioned particulars and annexures.

SIGNATURE OF APPLICANT: _____ DATE: _____

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REGISTRATION SECTION

Recommendation: _____
Name of Team Leader: _____ Signature: _____ Date: _____

BOND SECTION

Site visit Report (Copy at annex)

Date effected: _____
Name of officer: _____
Grade: _____

Amount Subscribed

Security: _____ **Rs**
Bank Guarantee for warehouse: _____
Bank Guarantee for maintenance and test drive: _____ **Rs**

Recommendation of Team Leader:

Name of Team Leader: _____
Signature: _____
Date: _____