



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

## APPLICATION FORM EXCISE PART I LICENCE

### PARTICULARS OF APPLICANT

Title: \_\_\_\_\_ SURNAME: \_\_\_\_\_

Designation: \_\_\_\_\_ First Name: \_\_\_\_\_

NIC No/Passport No.: 

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Company or Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

TAN or VAT No.: 

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### PARTICULARS FOR PART I LICENCE

Name of contact person: \_\_\_\_\_

Exact location of premise \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	<b>All conditions fulfilled (see next page for details)</b>
	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Recommendation of Excise Section:</b>	
Name of Officer : _____	Grade _____
Signature: _____	Date: _____
Approval by <b>Director, Customs</b> _____	Date: _____

ADDITIONAL DOCUMENTS/INFORMATION		OFFICE USE	
<b>To be provided and complied with by applicant:</b>		(tick ✓ as appropriate)	
1	Area of Excise warehouse (in Sq metres)	Registration	Bond
2	Maximum amount of duty and taxes on goods that can be stored at any time		
	Rs		
<b>Declaration and copy of the documents:</b>		(tick ✓ as appropriate)	
3	Photocopy of identity card	<input type="checkbox"/>	<input type="checkbox"/>
4	Site plan of Excise warehouse	<input type="checkbox"/>	<input type="checkbox"/>
5	Layout premises	<input type="checkbox"/>	<input type="checkbox"/>
6	List of apparatus/equipment	<input type="checkbox"/>	<input type="checkbox"/>
7	Visit effected to confirm compliance with the Excise Act 1994 and Regulations to the Act	<input type="checkbox"/>	<input type="checkbox"/>
8	Clearance obtained from the Commissioner of Police	<input type="checkbox"/>	<input type="checkbox"/>
9	Bond to cover duty and taxes (Amount Rs.....)	<input type="checkbox"/>	<input type="checkbox"/>
10	Bond signed by principal and two sureties	<input type="checkbox"/>	<input type="checkbox"/>
11	Photocopies of the identity cards of the two sureties submitted	<input type="checkbox"/>	<input type="checkbox"/>
12	Payment and issue of licence	<input type="checkbox"/>	<input type="checkbox"/>

**DECLARATION**

I/We.....  
 (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

OFFICE USE ONLY		Excise Section only
<b>TO BE CARRIED OUT BY CUSTOMS</b>		
1	Site visit	<input type="checkbox"/>
2	Security-Amount subscribed	Rs

**OFFICE USE ONLY**

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**Name of Customs officer:**  
**(Registration Section)**Grade: \_\_\_\_\_  
 Signature:Date: \_\_\_\_\_

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**Name of Customs officer:( Excise Section)**Grade:Signature:Date: \_\_\_\_\_