



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

APPLICATION FORM TO OPERATE A SHOP UNDER THE DEFERRED DUTY AND TAX SCHEME OR A DUTY FREE SHOP

Part 1 – Particular of Applicant

[This section is to be completed by the chairman/managing director/director/proprietor or a partner of the company/firm. His/her name should appear in the Registry of Companies & Businesses computer printout of information on Companies and Businesses]

Applicant's Surname: \_\_\_\_\_

Applicant's Other Names: \_\_\_\_\_

Designation: \_\_\_\_\_ Nationality: \_\_\_\_\_

NIC Number: [Grid for NIC Number]

Passport No.: \_\_\_\_\_ Telephone No.: [Grid for Telephone No.]
[Required for non-Mauritian applicant only]

Email: \_\_\_\_\_ Mobile No.: [Grid for Mobile No.]

Part 2 – Particular of Establishment

Company's name: \_\_\_\_\_

Company Registration No.: \_\_\_\_\_ VAT Registration No.: \_\_\_\_\_

Corporate Address: \_\_\_\_\_ Telephone No.: [Grid for Telephone No.]
Facsimile: [Grid for Facsimile]
Mobile No.: [Grid for Mobile No.]
Email: \_\_\_\_\_

Part 3 – Details of proposed licensed premises

Address of licensed premises: \_\_\_\_\_

Telephone No.: [Grid for Telephone No.] Facsimile: [Grid for Facsimile]

Area of licensed premises: [in square metres] \_\_\_\_\_ Operating hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Are the goods imported/stored/manufactured/owned by you? [ ] Yes [ ] No [ ] Some

Type of Building: \_\_\_\_\_
[Please specify whether, multi-storey, purpose built, flatted factory, shop-house, uncovered yard, etc]

**Part 4 –Responsible person(s) to be contacted in case of  
emergency after office hours**

**First contact person's full name:** \_\_\_\_\_

**Telephone No.:**

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**Facsimile:**

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**Mobile No.:**

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**Second contact person's full name:** \_\_\_\_\_

**Telephone No.:**

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**Facsimile:**

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**Mobile No.:**

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**Part 5 - Declaration**

1. I, Mr/Mrs/Ms ..... hereby declare that the information given in this application is true and correct.
2. I also undertake to immediately inform the Customs Department of the Mauritius Revenue Authority of any changes in any of the particulars of this application form.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Part 6 – OFFICIAL USE ONLY**