



MAURITIUS REVENUE AUTHORITY
CUSTOMS DEPARTMENT

Tel : 206-3400 Fax 240-0434 / 240-1032 Email: customs@mra.mu
EXEMPTION UNIT

**APPLICATION FORM FOR THE REGISTRATION OF MANUFACTURERS
TO BE ELIGIBLE FOR DUTY EXEMPTION/CONCESSION**

PART 1-GENERAL

(i) Name of Manufacturer.....

(ii) Business /Corporate Name.....

(iii) Registered Address.....

(iv) Place/s of business.....

(v) Trade licence: type & number.....

(vi) Tax Account Number (TAN)

(vii) Tel..... (viii) Fax..... (ix) E-mail

PART 2-MANUFACTURING DETAILS

(i) Nature of business.....

(ii) Type of product (s) manufactured

(iii) Licences from relevant authorities (attach copies)

(iv) Any other certificates (attach copies).....

(v) List of materials to be imported (use attached list if necessary).....

(vi) List of machinery and equipment currently in use (use attached list if necessary).....

(vii) Approximate number of units or quantity manufactured monthly

(viii) Please specify item number of duty exemption/concession applied for.....

Contact details for Customs purposes:

Name:..... Status.....

Tel No..... Fax No..... E-mail.....

PART 3-DECLARATION

I, the undersigned , hereby apply for registration as manufacturer and agree on all terms and conditions that may be imposed by the Director-General.

I declare that the information provided by me is true and correct. I shall permit, as and when required , inspection of my factory/good(s) by officers of the MRA-Customs Department and undertake to maintain up-to-date records relating to the receipt and disposal of all goods benefiting from duty exemption/concession and produce same to Customs on demand.

I further undertake to notify the Director-General should there be any change in the information being provided in the present application.

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Name of Managing Director

.....
Signature

NIC No:

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

PART 4-FOR OFFICIAL USE ONLY

Serial No:

Report of inspection and recommendation:

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Name of visiting Officer (s)

.....
Signature

Approval:

Status of application: Approved Rejected *(please tick as appropriate)*

Registration valid for exemption/concession item no. /E..... /A.....

Remarks:
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.....
Name of Officer

.....
Signature

Grade:

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