



MAURITIUS REVENUE AUTHORITY

Form to be filled in by a person in business who **IMPORTS** or **EXPORTS** goods
Under the Customs Act 1988 through an **AGENT** or **BROKER**.

Form duly filled in to be submitted to the person's agent or broker for transmission to the Director of Customs
Where space is not sufficient give the information in attached sheets. Please use **BLOCK LETTERS**

1.1	Corporate Applicant	
	Name of Company/Societe/ Other body of persons	
1.2	Registered office/Business Address*	Mob: Tel: Fax:
1.3	Full name of directors/associates	
1.4	Full name of Secretary of the Company/Manager of the Societe	
1.5	Contact person	
	Designation	
		Mob: Tel: Fax:
2.1	Sole Proprietor	National Identity No
2.2	Surname	
2.3	Other names	
2.4	Residential Address	
3	Income Tax A/C No	
4	Nature of business	
5	Address of all places of Business	
6	Business Address	
7	Mailing Address	
8	Valid trading licences held	
9	Whether the person is Operating a private bonded Warehouse. In the affirmative, state Address	Please tick appropriate boxes Yes No
	*If company, Registered office If other, Business address	

10	Whether applicant places Goods in a public bonded Warehouse. In the affirmative, state Name and address of public Bonded warehouse	Please tick appropriate boxes				Yes			No		

11	Addresses at which stock of Goods are stored	

12	Declaration
	<p>I..... (Full names of signatory in BLOCK LETTERS)</p> <p>Hereby declare that the particulars and information in this form and in any accompanying sheet(s) are true and complete.</p> <p>Date :..... Signature :.....</p> <p>Company Seal Capacity in which acting:.....</p>

13	Submitted by :
	Name of Broker/FFA/Customs Clerks:
	Signature: CAP No.:
Seal: Date:	

Note

1 The person completing this form must immediately notify his agent or broker of any Change in the information or particulars provided for onward transmission to the Director of Customs.

2 Where a person who has completed this form changes his agent or broker, he needs Not fill in another form.