



Ministry of Social Security, National Solidarity and Reform Institutions

Address: Renganaden Seeneevassen Building, Cnr Jules Koenig & Maillard Streets, Port Louis.

Website: socialsecurity.govmu.org

Tel: 210-9589 Fax: 210-9664

Supplier Registration Form

Instructions:

This form must be addressed to: **The Permanent Secretary, Ministry of Social Security National Solidarity and Reform Institutions, Attn. Manager Procurement and Supply, 10th Floor, Renganaden Seeneevassen Building, Cnr. Maillard and Jules Koenig Streets, Port Louis.**

All forms must be completed in ink and in English.

Incomplete or incorrect submissions may not be retained for registration.

Submission of information at fields marked ‘*’ is compulsory.

Note: All information in this document will remain in strict confidence with the **Ministry of Social Security, National Solidarity and Reform Institutions.**

Section I – Corporate Information

1. Name of Company / Business: *

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2. Registered Address:*

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3. Mailing Address (if different from 2):

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4. Telephone No. (Head Office)*:

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5. Fax Number:

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6. Email Address if applicable:

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7. Contact Person Name and Title:

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8. Contact Person (Tel / Mobile):

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9. Contact Person Email Address:

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10. Website if applicable:

11. Type of Business:*

Corporation Sole Proprietorship Limited Partnership

Other (specify)

12. Certificate of Incorporation, Number and Date:

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13. Large National Firm or Small and Medium Enterprise*:

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14. Has company ever dealt with Ministry of Social Security?* Yes No

Section 11 – Financial Information

Business Registration Number*:

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V.A.T Number:

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T.A.N:

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Section III – Nature of Business
Goods / Works / Services / Consultancy

1. Indicate category of company's nature of Business*

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2. Is company ISO Certified?

Yes No (Tick as appropriate)

If yes indicate please indicate ISO reference:

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Formal Undertaking*

I/We, the undersigned declare that all information supplied are correct and appropriate, evidence can be submitted whenever so required.

Name of Authorised Person

.....

Title.....

Signature.....

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