



**Ministry of Social Integration, Social Security and
National Solidarity**

(Social Security and National Solidarity Division)

SUPPLIER REGISTRATION FORM

FOR ASSISTIVE DEVICES

(WHEELCHAIRS, HEARING AIDS AND OPTICAL GLASSES)

Instructions:

This form must be submitted at the **Registry of this Ministry on 12th Floor, Renganaden Seeneevassen Building, Port Louis**

Incomplete or incorrect submissions may not be retained for registration.

Section 1 – Corporate Information

1. Name of Company / Business / Individuals

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2. Registered Address:

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3. Mailing Address (if different from 2):

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4. Telephone (Head Office) :

5. Mobile:

6. Fax Number:

.....

7. Email Address:

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8. Contact Person/s Name and Title:

.....

9. Contact Person /s Tel / Mobile:

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10. Contact Person/s Email Address:

.....

11. Website if applicable:

.....

12. Type of Business:

☐ Corporation

☐ Sole Proprietorship

☐ Limited Partnership

☐ Other (specify)

13. Whether registered as a Medical Device Dealer / Retailer :

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If Yes, copy of relevant license to be submitted.

14. Assistive Device to be supplied:

Wheelchair

Hearing Aids

Optical Glasses

N.B: A company may qualify for Wheelchairs, Hearing Aids or Optical Items or for all Assistive Device.

15. Has your company ever dealt with Ministry of Social Integration,
Social Security and National Solidarity?

Yes

NNo

Section 2 - Additional Requirement

Suppliers are required to submit the following documents along with the Registration Form and comply with the criteria mentioned below for each assistive device:

(i) For Suppliers of Optical Items

- a) The Supplier should submit a Registration Certificate with the Optical Council of Mauritius valid for **one (1) year** and same shall be renewed prior to expiry.
- b) Companies shall hold spare parts up to **three (3) years** of operation.
- c) Renewed Registration Certificate should be submitted to the Ministry at the earliest.

(ii) For Suppliers of Wheelchairs

- a) Warranty shall be: **One (1) year** on the wheelchair and **two (2) years** on frame as from date of delivery.
- b) After sales service for at least **three (3) years** is required for the supply of spare parts, like wheels, footrests, seat and back upholstery after warranty.
- c) The supplier of wheelchair must have at **least three (3) years** of experience in the supply of a similar type of goods and should have the necessary knowhow in repairs of same.
- d) Companies shall hold spare parts up to **three (3) years** of operation.

(iii) For Suppliers of Hearing Aids

- a) Period of time the Goods are expected to be functioning for the purpose of spare parts is **three (3) years**.
- b) Warranty : One year on the Hearing Aids.
- c) The supplier must have at least **three (3) years** of experience in the supply of a similar type of goods.
- d) The Availability of spare parts and after sales service for the equipment up to **three (3) years**.
- e) The suppliers shall furnish documentary evidence to demonstrate that they have the experience in handling tuning and repairs of similar type of goods.

(iv) Other Criteria

- (a) Manufacturer's authorization or letter from local representative/reseller is a mandatory requirement.
- (b) Suppliers must not be under a disqualification or debarment sanction.
- (c) Suppliers must have a Business Registration Card/Certificate of Incorporation/Trade Licence.
- (d) Average Annual Turnover of the company should be at least **Rs 1 million**.
- (e) Suppliers shall update the information provided in this form in the event of any material changes without delay.

Section 3 – Financial Information *(to provide documents)*

Bank Name:

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Bank Account Number:

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Business Registration Number:

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V.A.T Number:

.....

T.A.N:

.....

Section 4 – Nature of Business

(a) Indicate company's Nature of Business :

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(b) Is the company ISO Certified? Yes No

If Yes, to what levels:

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All information submitted on this form is true and can be ascertained. I understand that any incorrect information given in this questionnaire may result in disqualification from Registration.

All information in this document will remain in strict confidence with the **Ministry of Social Integration, Social Security and National Solidarity** (Social Security and National Solidarity Division).

Name of Authorized Person :

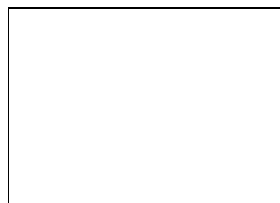
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Title:

Signature:.....

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

Seal of the Company:



10th Floor, Renganaden Seeneevassen Building, Cnr Jules Koenig & Maillard Streets,
Port Louis

Website: <https://socialsecurity.govmu.org>

Tel: 207-1438 Fax: 210-9664