

**CITY COUNCIL OF PORT LOUIS**

**REGISTRATION FORM**

**POTENTIAL SUPPLIERS/CONTRACTORS**

**GOODS, WORKS AND SERVICES (INCLUDING CONSULTANCY SERVICES)**

Please tick/fill in where appropriate

**A. STATUS**

- (i) Sole Proprietor
- (ii) Company
- (iii) Partnership
- (iv) Joint Venture

**B. DETAILS**

- (i) Name: .....
- (ii) Official Address: .....
- (iii) Name of Representative: .....
- (iv) Telephone Number: ..... Mobile No.: .....
- Fax Number: ..... Email Address: .....
- (v) ID No.: .....

**C. OTHER REQUIREMENTS**

- (i) Business Registration Number: .....
- (ii) VAT Registration Number (If applicable): .....
- (iii) Tax Account Number (TAN): .....
- (iv) Tax Status (Tax Clearance Certificate for last Financial Year)  
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**D. DOCUMENTS TO BE SUBMITTED**

- (i) Copy of Certificate of Incorporation of Business
- (ii) Copy of Business Registration Certificate
- (iii) Copy of ID Card
- (iv) CIDB Certificate (Where applicable)

**E. OTHER INFORMATION**

- (I) Whether debarred by competent authority Yes  No   
to participate in any bidding exercise  
In the affirmative to inform/specify the period .....
- (II) Whether convicted by any court of law for fraudulent / corrupt / collusive /  
coercive practice  
Yes  No
- (III) Indicate whether your Company is registered as:  
Small Medium Enterprise  or  
Large National Firm

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**Signature of Applicant**

**Name:** .....

**Date:** .....