

THE MUNICIPAL 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)
- (v) VAT Registration Number (if applicable)
- (vi) Valid Trade Licence
- (vii) Tax Account Number (TAN)

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: