

**BANK OF MAURITIUS**

**Sir William Newton Street, Port Louis**

**Tel: 202 3800 – Fax: 212 3797 – Email: [Procurement@bom.mu](mailto:Procurement@bom.mu)**

**SUPPLIER REGISTRATION FORM**

Name of Supplier: .....

(Company/Individual)

Address:.....

.....

.....

Phone No: .....

Fax No:.....

E-mail Address: .....

Contact Person:.....

Date of Incorporation: .....

Name and Address of Directors: .....

.....

.....

Name and Address of Shareholders and Beneficial Owners: .....

.....

.....

Type of Business: .....

Business Registration Number:.....

VAT Registration Number (where applicable): .....

TAX Account Number: .....

Whether the directors, shareholders or beneficial owners have ever made any arrangements or composition with creditors, filed for bankruptcy or adjudged bankrupt or been convicted with a criminal offence and if so, the nature thereof. ....

.....

I / We hereby apply for registration to supply goods and/or services mentioned below:

<b>Item No</b>	<b>Description</b>	

Applicant/s should note that the Bank of Mauritius has no contractual obligation towards them and this shall not entitle them to become exclusive providers of goods and services to the Bank of Mauritius.

Name:..... Signature:.....

Date:..... Seal: .....