

National Empowerment Foundation

8th FLOOR, GARDEN TOWER

LA POUDRIERE STREET

PORT LOUIS

SUPPLIER REGISTRATION FORM

A.

Name of supplier/Company:

Address:

BRN:

Date of Incorporation/Registration:

TAN:

VAT Regn. No.:

Contact Person:

Telephone No.:**Fax No.:**.....

E-mail:

Specify field of business: (a)

(b).....

(c).....

Copies of documents to accompany registration form:

- 1. Business Registration Certificate and /or Certificate of Incorporation**
- 2. Valid Trading Licence in the respective field of business**
- 3. ID of representative/signatory**
- 4. Relevant permit issued by N.T.A for transportation of staff (where applicable).**

B.

STATEMENT

I ,, hereby state that the information given above is true and I will be available to furnish any clarification required thereon.

Name:

Signature: **Date:**.....

