



FINANCIAL SERVICES COMMISSION

Address: FSC House, 54 Cybercity, Ebene  
Email : www.fscmauritius.org

Tel (230) 403 7000  
Fax (230) 467 7172

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**Supplier Registration Form**

**Instructions:**

1. This form must be deposited in the Tender Box at the above address.
2. All forms must be completed in ink and in English.
3. Incomplete or incorrect submissions may not be retained for evaluation.
4. Submission of information at fields marked ‘\*’ is compulsory.

**Section I – Corporate Information**

1. **Name of Company/Business:\***

.....

2. **Registered Address: \***

.....

3. **Mailing Address (if different from 2):**

.....

4. **Telephone (Head Office) :** .....

5. **Telephone (Branch) :** .....

6. **Fax :** .....

7. **Email Address :** .....

8. **Contact Person Name and Title :** .....

9. **Contact Person Email Address :** .....

10. **Contact Person Telephone/Mobile:** .....

11. **Parent Company / Group (if any)**

.....



**Section IV – Goods/Services Information**

**1. Indicate company’s primary nature of Business\***

- Manufacturing       .Distribution       Retailer       Service  
 Consulting       Leasing       Maintenance

**2. Is company ISO Certified?\***  Y       N

**To what levels?** .....

**3. Is company profile / brochure attached?**  Y       N

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**Section V- Previous Experience**

**1. Does the Company have previous experiences in the above mentioned nature of business?**

**(If yes, please answer question 2 of this section, below)**  Y       N

**2. Indicate the previous experiences whereby such activities were provided on a contractual basis?**

**(Please attach details of the experiences)**

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**Section VI**

<b>Principal Customer References</b>	
<b>1. Company Name:*</b>	.....
<b>2. Company Address:*</b>	.....
<b>3. Primary Contact*</b>	: .....
<b>4. Telephone No. *</b>	: .....
<b>5. Contract Value (Rs)*</b>	: .....
<b>6. Company Name*</b>	: .....
<b>7. Company Address*</b>	: .....
<b>8. Primary Contact*</b>	: .....
<b>9. Telephone*</b>	: .....
<b>10. Contract Value (Rs)*</b>	: .....

**Please supply a list of recent major customers.**

I hereby authorize the Financial Services Commission (FSC) to conduct an investigation concerning any and all statements contained in this questionnaire, interview all references, and conduct any other investigation or audit examination that it deems appropriate. I request that all duly constituted law enforcement agencies or judicial officers furnish the FSC with any and all information it may have pertaining to my company, its officers, and/or Personnel. I hereby release the FSC, any law enforcement agency, judicial officer, or other individual/party from any liability arising from the disclosure of information pertaining to my company and its personnel which is obtained during said investigation.

All information supplied 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 and termination of on-going contracts.

All information in this document will remain in strict confidence with the FSC.

**Name of Authorised Officer\*:** .....

**Title\*** : .....

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

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

*Financial Services Commission  
FSC House  
54 Cybercity  
Ebene  
Mauritius*