

FINANCIAL SERVICES COMMISSION

Address: FSC House, 54 Cybercity, Ebene Tel (230) 403 7000 Email: www.fscmauritius.org Fax (230) 467 7172

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

	Name of Company/Business:*		
2.	Registered Address: *		
	Mailing Address (if different from	n 2)	
4.			
5.	Telephone (Branch)	:	
6.	Fax	:	
7.	Email Address	:	
8.	Contact Person Name and Title	:	
9.	Contact Person Email Address	:	
10.	Contact Person Telephone/Mobil	e:	
11.	Parent Company / Group (if any))	

12.	Subsidiaries, Associates or International Representatives (attach	list if necessary):
13.	Type of Business:*	
	O Corporation O Partnership O Sole Proprietorship	O Limited Partnership
	O Other (specify)	
14.	Certificate of Incorporation, Number and Date:	
15.	Business Registration Number :	
16.	Average Annual Turnover (Rs) :	
17.	No. of full-time Employees :	
1.	Section II – Financial Information Bankers :	
2	VAT Reg. No. :	
	Section III – Business History	— Please tick (✔) as appropriate
1.	Has company been operated under any other name?*	O Y O N
	(If yes, former name)	
2.	Has company ever filed or petitioned for bankruptcy?*	O Y O N
	(If yes, to provide detail explanation and current status)	
3.	Are there any lawsuit, legal action or litigations pending against Company?*	O Y O N
	(If yes, attach details)	
4.	Has company ever been terminated for non-performance?*	O Y O N
	(If yes, attach details)	
5	Has company ever dealt with FSC?* (If yes, please attach details of last transactions)	O Y O N

Section IV – Goods/Services Information

1.	Indicate company's primary nature of Business*				
	O Manufacturing	O .Distribution	O Retailer	O Service	
	O Consulting	O Leasing	O Maintenance		
2.	Is company ISO Certified	?*		ОΥ	O N
	To what levels?				
3.	Is company profile / broch	ure attached?		ОΥ	O N
		Section V- Previo	ous Experience	_	
1.	Does the Company have p	revious experiences in	the above mentioned	nature of busi	ness?
	(If yes, please answer ques	stion 2 of this section, l	below)	ОΥ	O N
2.	Indicate the previous expebasis?	eriences whereby such	activities were provid	led on a contra	ctual
	(Please attach details of th	e experiences)			

Section VI

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

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 Office	r*:	
Title*	:	
Signature:	:	
Date:	:	

Financial Services Commission FSC House 54 Cybercity Ebene Mauritius