



**Financial Services Commission
Mauritius**

SUPPLIER REGISTRATION FORM

Instruction to potential suppliers

- (i) Incomplete or unsigned submission will not be retained.
- (ii) Submission of information at fields marked '*' is compulsory.
- (iii) Duly signed forms must be deposited at the FSC addressed to Head-Administration & Enterprise Risk, FSC House, 54 Cybercity, Ebene 72201. Envelops should be clearly labelled with 'Supplier Registration.'

SECTION 1 Company Details and General Information

1. Name of Company*

2. Registered Address*

3. Telephone Number*

4. Email Address

5. Name and Title of Company Representative*

6. Contact Details of Company Representative*

Phone Number:

Email address:

7. Parent Company / Group (if any)



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8. Subsidiaries, Associates or International Representatives <i>(attach list if necessary)</i>			
9. Type of business <i>(please tick)*</i>			
(i) Corporate/Limited <input type="checkbox"/>		(ii) Partnership <input type="checkbox"/>	
(iii) Other/Specify: _____			
10. Nature of business <i>(please tick)*</i>			
(i) Manufacturer <input type="checkbox"/>		(ii) Authorized Agent <input type="checkbox"/>	
(iii) Trader <input type="checkbox"/>		(iv) Consulting Company <input type="checkbox"/>	
(v) Other/Specify: _____			
11. Certificate of incorporation <i>(attach a copy)*</i>			
Number: _____		Date: _____	
12. Business Registration Number *			
13. Are you an SME? <i>(please tick)*</i>			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<i>If yes, provide a copy of the SMEDA certificate.</i>			
14. Annual turnover for the last three years			
Year: _____		Amount: _____	
Year: _____		Amount: _____	
Year: _____		Amount: _____	
SECTION 2 Business History			
<i>Please tick (✓) as appropriate</i>			
15.	Has the company been operating under any other name?*	<input type="checkbox"/> Y	<input type="checkbox"/> N
	(If yes, former name)		



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16.	Has the company ever filed or petitioned for bankruptcy?* (If yes, to provide detail explanation and current status)	<input type="checkbox"/> Y	<input type="checkbox"/> N
17.	Are there any lawsuit, legal action or litigations pending against the Company?* (If yes, attach details)	<input type="checkbox"/> Y	<input type="checkbox"/> N
18.	Has the company ever dealt with FSC?* (If yes, please provide detail of transactions) 	<input type="checkbox"/> Y	<input type="checkbox"/> N

SECTION 3	Technical Capability and Information on Goods/Services Offered
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19.	Quality Assurance Certification (e.g. ISO, HACCP or equivalent)* <i>(Please provide a copy of your latest certificate)</i>
20.	International Offices/Representation <i>(Countries where the Company has local Offices/Representation)</i>



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I hereby authorise the Financial Services Commission, Mauritius (the 'FSC') to query any statement contained in this form and interview references provided as deem appropriate. I agree to all duly constituted law enforcement agencies or judicial officers furnishing the FSC with any information it may have pertaining to the company and/or its officers. 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 officers which is obtained during said enquiry.

I certify that all information provided on this form is true and correct. I understand that any incorrect information given in this questionnaire may result in the rejection of the application for registration of the company as well as the termination of any on-going contract with the FSC.

All information submitted by the company in relation to this application for registration will be dealt with in strict confidence by the FSC.

Name of Authorized Officer:.....

Title:.....

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