

SUPPLIERS REGISTRATION FORM

20 January 2020

Financial Services Commission
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Supplier Registration Form

Instruction to Suppliers

1. Submission of information at fields marked '*' is compulsory.

| SECTI | | Company Details and Genera | al Informa | ation | |
|-------|---------------------------|-----------------------------------|------------|-----------------------|--|
| 1. | Name of Company | | | | |
| 2. | Registered Addres | ss/Postal Code | | | |
| 3. | Telephone Numbe | r* | | | |
| 4. | Email Address* | | | | |
| 5. | Website | | | | |
| 6. | Name and Title of | Company Representative* | | | |
| 7. | Contact Details of | Company Representative* | | | |
| | Phone Number: | | | | |
| | Email address: | | | | |
| 8. | Parent Company, | Subsidiaries, or International | Represen | tatives (if any) | |
| 9. | Category (please to | ick)* | | | |
| | SME | Large company | | Parastatal/Govt Owned | |
| 10. | Certificate of inco | rporation(attach a copy)* | | | |
| | Number: | | Date: | | |



| 11. | Business Registration Number * | | | |
|------|--|---|-------------|----------------------|
| 12. | Annual turnover for the last three years | | | |
| | Year: | Amount: | | |
| | Year: | Amount: | | |
| | Year: | Amount: | | |
| SECT | ION 2 | Susiness History | | |
| | | | Please tick | : (✔) as appropriate |
| 13. | Has the company l | peen operated under any other name?* | Y | N |
| | (If yes, former name | e) | | |
| 14. | Has the company of | ever filed or petitioned for bankruptcy?* | Y | N |
| | (If yes, to provide d | etail explanation and current status) | | |
| 15. | Has the company of | ever been terminated for non-performance? | Г | □N |
| 16. | Are there any laws Company?* | suit, legal action or litigations pending against the | □Ч | N |
| | (If yes, attach detail | s) | | |
| 17. | Whether debarred exercise? | by competent authority to participate in any bidding | Г | N |



| 18. | Has the compan | y ever dealt with FSC?* | Y | N |
|------|---|---|--------------------|-----------------|
| | (If yes, please pr | ovide detail) | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| SECT | ION 3 | Other information | | |
| 19. | | | | |
| 20. | (Please provide | a copy of your latest certificate) | unotional Hoolth 6 | - Cofoty A at 9 |
| | Does the company have a Health and Safety Policy complying with the Occupational Health & Safety Act? (Health & Safety Norms) | | | |
| 21. | State if the business is a Manufacturer or Official Distributor. | | | |
| SECT | ION 4 | Categorisation of Supplier/Service Providers/Contractors (Attach company profile and brochure, if any.) | | |
| Item | Description Please tick ✓ as appropriate | | | as appropriate |
| | | Supplier of Goods | | |
| 1 | Access control system | | | |
| 2 | Air Conditioners, Extractors, Fans etc | | | |
| 3 | Box manufacturer | | | |
| 4 | Building signage | | | |
| 5 | CCTV system | | | |
| 6 | Cleaning products | | | |
| 7 | Corporate items (such as diaries, gifts, calendar, cards etc.) | | | |
| 8 | Electrical Materials & Accessories | | | |



| Item | Description | Please tick ✓ as appropriate |
|------|--|------------------------------|
| 9 | Fire alarm system | |
| 10 | Fire extinguisher | |
| 11 | Fire suppression system | |
| 12 | Food items (such as milk powder, tea bags, juice, coffee, sugar etc) | |
| 13 | Fruits | |
| 14 | Garden umbrellas | |
| 15 | Goods related to corporate events (such as customized bags, pen, pen-drive) | |
| 16 | IT consumables | |
| 17 | IT equipment and accessories | |
| 18 | Kitchen equipment & Accessories | |
| 19 | Maintenance equipment | |
| 20 | Office furniture | |
| 21 | Office stationery | |
| 22 | Outdoor furniture | |
| 23 | Pharmaceutical distributions | |
| 24 | Plumbing materials & accessories | |
| 25 | Pre-printed materials (such as business cards, letterhead, envelops, license, receipts etc.) | |
| 26 | Protective equipment | |
| 27 | Road signage | |
| 28 | Rugs | |
| 29 | Solar water heaters | |
| 30 | Specialized tools & equipment | |
| 31 | Uniform | |
| 32 | Vehicle dealers | |
| 33 | Water pumps | |
| 34 | Other (Please specify) | |



| Work Contractors | | |
|------------------|--|------------------------------|
| Item | Description | Please tick ✓ as appropriate |
| 1 | Aluminium works partitioning (Glass/Drywall) | |
| 2 | Automotive works | |
| 3 | Blinds | |
| 4 | Boom barrier | |
| 5 | Construction works (Other than concrete) | |
| 6 | Contractors (Network, Cabling and Electrical) | |
| 7 | Electrical works | |
| 8 | False ceiling | |
| 9 | Frosted film | |
| 10 | General repair works (metal, concrete or wooden) | |
| 11 | HVAC | |
| 12 | Installation of air conditioners | |
| 13 | Maintenance of generator | |
| 14 | Maintenance of passenger lift | |
| 15 | Metal works | |
| 16 | Painting works | |
| 17 | Partitioning (Glass/Drywall) | |
| 18 | Plumbing works | |
| 19 | Renovation works | |
| 20 | Roller shutter | |
| 21 | Tillers | |
| 22 | Window washing (water pressure) | |
| 23 | Wood works | |
| 24 | Other (Please specify) | |



| | Service Providers | |
|------|---|------------------------------|
| Item | Description | Please tick ✓ as appropriate |
| 1 | Advertising agencies | |
| 2 | Archive destruction | |
| 3 | Catering services | |
| 4 | Cleaning services | |
| 5 | Duct cleaning services | |
| 6 | Event management & marketing | |
| 7 | Gym equipment (on rental) | |
| 8 | Hospitality services (such as hosting of corporate meetings & events) | |
| 9 | Indoor decorative plants (Rental) | |
| 10 | Insurance providers | |
| 11 | IT solutions and services | |
| 12 | Landscaping & maintenance of yard | |
| 13 | Maintenance of air conditioners | |
| 14 | Maintenance of garden equipment | |
| 15 | Painting and decoration services | |
| 16 | Pest control services | |
| 17 | Photography/Video Services | |
| 18 | Printing services | |
| 19 | Provision of flowers | |
| 20 | Rental of Parking Space | |
| 21 | Rental of professional sound system, video/lighting equipment | |
| 22 | Security Services | |
| 23 | Transport services | |
| 24 | Vehicle maintenance | |
| 25 | Water dispenser | |
| 26 | Water proofing services | |
| 27 | Real Estate Agent | |
| 28 | Other (Please specify) | |



| | Consultancy service providers | | | | |
|------|-----------------------------------|------------------------------|--|--|--|
| Item | Description | Please tick ✓ as appropriate | | | |
| 1 | Architectural services | | | | |
| 2 | Civil Engineering services | | | | |
| 3 | Inspection services | | | | |
| 4 | Interior Design services | | | | |
| 5 | Land Surveying services | | | | |
| 6 | Quantity Surveying services | | | | |
| 7 | Mechanical & Engineering services | | | | |
| 8 | Other (Please specify) | | | | |



| CTION | 5 Work Experience |
|----------------------------|--|
| | Please provide your reference as per table below* |
| | Reference 1 |
| | Name of company: |
| | Goods, work, services or consultancy services offered: |
| | |
| | Contract Value: |
| | Contact person: |
| | Contact details: Phone Email |
| | Reference 2 |
| | Name of company: |
| | Goods, work, services or consultancy services offered: |
| | Contract Value: |
| | Contact person: |
| | Contact details: Phone Email |
| this law perta judio perta | reby authorise the Financial Services Commission, Mauritius to query any statement contained in questionnaire and interview references provided as deem appropriate. I agree to all duly constituted enforcement agencies or judicial officers furnishing the FSC with any information it may have aining to the company and/or its officers. I hereby release the FSC, any law enforcement agency, cial officer, or other individual/party from any liability arising from the disclosure of information aining to my company and its officers which is obtained during said enquiry. |
| info | rmation given in this questionnaire may result in the rejection of the application for registration of company as well as the termination of any on-going contract with the FSC. |
| | information submitted by the company in relation to this application for registration will be dealt in strict confidence by the FSC. |
| Nam | e of Authorized Officer: |
| Title | · <u>· · · · · · · · · · · · · · · · · · </u> |
| | ature: Date: |