

REGISTRATION FORM FOR E-PAYMENT FACILITIES FOR TRADE FEES

Local Authority:

Full Name of Economic Operator/Company:

Name of Representative (for Company):

Residential Address:

Business Address:

National Identity No. (NID)/ Company Registration No

Business Registration No. (BRN):.....

Email Address:..... Date of Birth:

Phone Number : Mobile:

Please select the Council(s) in which you carry out trade activities

<input type="checkbox"/> C. C. of Port Louis	<input type="checkbox"/> M. C. of Beau Bassin Rose Hill	<input type="checkbox"/> M. C. of Quatre Bornes
<input type="checkbox"/> M.C. of Vacoas/Phoenix	<input type="checkbox"/> M. C. of Curepipe	<input type="checkbox"/> D. C. of Riviere Du Rempart
<input type="checkbox"/> D. C. of Pamplemousses	<input type="checkbox"/> D. C. of Moka	<input type="checkbox"/> D. C. of Flacq
<input type="checkbox"/> D. C. of Black River	<input type="checkbox"/> D. C. of Grand Port	<input type="checkbox"/> D. C. of Savanne

I/We, the undersigned, confirm that the information provided is correct and I/we wish to avail myself/ourselves of the e-Payment facilities for Trade Fees.

Signature of Economic Operator/Representative:.....

Company Seal:

Date:

Please attach the following supporting documents:-

- (i) Copy of your NID/Certificate of Incorporation
- (ii) Copy of your Business Card
- (iii) Copy of latest Trade Fee Receipt