



MAURITIUS REVENUE AUTHORITY

**VALUE ADDED TAX
APPLICATION FOR REGISTRATION**
(The Value Added Tax Act)
(section 15(2)(a)(i))

Form duly filled in to be forwarded to the Director-General, Mauritius Revenue Authority, Ehram Court, Cnr Mgr. Gonin & Sir V. Naz Streets, Port Louis.

Please read the notes overleaf before filling in this form

USE BLOCK LETTERS

FOR USE BY MRA OFFICE

Date received

Add. code

Class. code

Regn. Code

Tax. period

Ent. Code

Edited

Approved

Ent. In comp.

Date of regn.

Other places

VAT Reg. No.

V A T

PARTICULARS OF APPLICANT

1	Full name (person to be registered)	_____ (Ms/Mr/Other-specify)

2	Business name (where applicable)	_____
	Income Tax A/C No.	_____
3	Address	_____

4	Business or profession	Tel _____ Fax _____ No. of other places of business _____
		E-mail _____
		Nature _____
		Date of commencement _____
5	Annual turnover	Rs _____ Date of closing of annual accounts _____

COMPULSORY REGISTRATION

I, Mr/Ms *
(full name of signatory in BLOCK LETTERS)

- (a) hereby declare that all the particulars and information in this form and in any documents attached herewith are true and complete; and
- (b) do hereby apply for compulsory registration under section 15 (2) (a) (i) of the Value Added Tax Act .

Date Signature

* Delete as appropriate Capacity in which acting
(where applicable)