

**Customs Department, Custom House, Mer Rouge, Port Louis**  
**Tel No: 2020500; Fax No: 2166665; Email: [bond.customs@mra.mu](mailto:bond.customs@mra.mu)**  
**APPLICATION FOR REGISTRATION AS USER OF**  
**WAREHOUSE MANAGEMENT SYSTEM (WMS)**

**Part 1- Particulars of applicant**

1	Name of Applicant:.....	6	Warehouse Code : <input type="text"/>
2	Name of representative:.....	7	BRN: <input type="text"/>
3	NIC:.....	8	Tax Account Number. <input type="text"/>
4	Address:.....	9	VAT Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Tel no..... Fax no. ....	10	Email address:.....

**Part 2 – Particulars of users**

11	Name of employees having access to WMS. <i>(If space is insufficient, please use additional sheets)</i>	1	Name:..... Designation:..... NIC: <input type="text"/>
		2	Name:..... Designation:..... NIC: <input type="text"/>
		3	Name:..... Designation:..... NIC: <input type="text"/>

**Part 3 - Declaration**

I, ....., hereby declare that the particulars and information in this form and in any accompanying sheets are true and correct and do hereby apply for registration as a WMS user. I further undertake to notify forthwith the Director General in writing or electronically of any subsequent change in the information or particulars provided in this application or upon cessation of business.

Signature:..... Date:...../...../20.....

Designation:..... Company Seal:.....

**Part 4 – For official use only**

Application processed by:.....

Remarks and recommendations:.....

Signature of officer:..... MRA ID no.....

Date:.....

Decision..... Approved  Rejected

Remarks, if any:.....

Name of Team Leader/ Technical Officer:..... Signature:..... Date:...../...../20.....