



# MAURITIUS REVENUE AUTHORITY



## Application for Authorisation to act as Customs House Broker

(PLEASE USE BLOCK LETTERS)

*For Office Use Only*

Application Number:

### Personal Details

<b>Surname</b>											
<b>Other Names</b>											
<b>Maiden Name (if applicable)</b>											
<b>Address for correspondence</b>											
<b>Telephone Number:</b> Home: ..... Fax Number: ..... Mobile: ..... Email: ..... Office: .....											
<b>Date of Birth:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)						<b>Marital Status:</b> Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> please specify.....					
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>											
<b>Nationality:</b> .....											
<b>National ID No.:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						(Please attached a copy of NID Card)					

### Academic qualifications held by applicant (Please attach photocopies of certificates or results)

Name of Institution	Certificate Obtained	Year

### Other Academic or professional qualifications held by applicant (Please attach photocopies of certificates or results)

Name of Institution	Certificate Obtained	Year



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## Employment History

*Give all details of all positions held by you relating to entry of goods (Please attach photocopies of certificates)*

From		To		Name and Address of Employer	Position held	Job Description
Month	Year	Month	Year			

*\*Add separate sheets, if necessary*

**REFEREES:** Please give the names and addresses of two referees, who are acquainted with your qualifications, professional work and ability.

REFEREE 1:		REFEREE 2	
Name:		Name:	
Occupation:		Occupation:	
Address:		Address:	
Phone no.:		Phone no.:	
Fax No.:		Fax No.:	
Email:		Email:	

I, ....., the undersigned applicant, declare that the information given on the application form is true and accurate and that I have not suppressed any material fact.

.....  
Signature of Applicant

Date: .....

### For Office use only:

Verification of Documents Submitted	Yes	No	Annex No.
Copy of National Identity Card No.:			
Copy of Academic/Professional Qualifications			
Proof of Experience			
Certificate of Character			
Application processed and document verified by COI/COIL.....			
MRA. ID No..... Signature..... Date...../...../20.....			
Application	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Remarks:
Name of Approver:			
Position:		Signature:	
ID No.:		Date:	

Customs Department

Custom House, Mer Rouge, Port-Louis, Mauritius

T: +230 202 0500 • F: +230 216 7601 • H: +230 207 6010 • E: customs@mra.mu • W: www.mra.mu