

Customs Department, Custom House, Mer Rouge, Port Louis; Tel №. 2020500; Fax №. 2167784; Email: customs@mra.mu

## APPLICATION FOR REGISTRATION FOR SMES AND VAT REGISTERED PERSONS UNDER THE DEFERRED PAYMENT SCHEME

(for the purposes of the provisions under Section 9A of the Customs Act)

(Note: Applicants who are not duly registered as importer/exporter at the MRA-Customs should also submit application forms to be registered as such)

**PART I-GENERAL** 

(i) Name of Applicant.					
(ii) Name of Director (in case of company)					
(iii) Official Address					
(iv) Tel/ Mobile no Fax no E-mail					
(v) Tax Account Number (TAN) BRN VAT registered SME					
(vi) Estimated amount of deferred payment facility for duty and taxes being applied for : Rs(monthly)					
Declaration by applicant					
I, the undersigned,, hereby declare that all particulars furnished in this application and the documents submitted are true and correct. I further undertake to notify forthwith the Director-General in writing of any subsequent change in the information or particulars provided in this application or upon cessation of business.					
Name of Applicant/Director: Signature.					
NIC No  Date:					
Applicant registered in CMS	Applicant not registered in CMS		TO BE COMPLETED AFTER REFERRAL FROM DEFERRAL REGIMES SECTION		
Application processed and forwarded to Assessment Section by COI/COII	Applicant informed to be registered as importer/exporter onby COI/COII		COI/COII		
Subsection B:					
Applicant flagged as 'DP' in CMS by COI/COII		Remarks: Name of TO/TL:			
Sig: Emp No:	Date:/ 20	Signature:	/20		

PART III – ASSESSMENT SECTION				
Application processed by :				
Remarks : (i) Applicant is compliant with Customs Laws	Yes	No 🔲		
(ii) Objection from other Revenue Department	Yes	No		
(iii) Recommended amount of security under the Deferred Payment Scheme : Rs				
Grade: Signature: Employee No:		Date:/20		
Recommendation of Technical Officer/Team Leader, Assessment S	Section:			
Name of TO/TL: Signature:		.Date:/20		

PART IV – DEFERRAL REGIMES SECTION					
Submission of Security					
1) Type of security subscribed:					
2) Amount subscribed: Rs					
3) Expiry date:					
Name of Customs Officer: Employee No Grade: Grade:					
Signature:/20					
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Recommendation of Technical Officer/Team Leader, Deferral Regimes:					
Name of TO/TL:					