Issue No.3 of 2013			FOR OFFICE USE	BRF3
(The Business Reg	EGISTRATION gistration Act 2002) stration by a "Société o Section 6  xed before you fill in this form		BARCODE	
Please use BLOCK letters	* Tick where applicable	** If Applicable *	**Delete as appropriate	
	,,	L.P.		
Please specify if Société,Cons	sortium,Trust,Joint Ventu	ıre,Firm,etc)		
Full Name				
File No. or other Registration	No.			
**Date of Registration with re	levant Authority	1 1	(DD/MM/YYYY)	
**Registration No. at the Auth	nority			
**Name of the Authority				
Tax Account No.		Registration No. at C	customs	
Social Sec. Empl. Registration No.		VAT Registra	tion No.	
General nature of business	(For additional nature of hu	siness and location, use Anı	nev 1)	
				For Office Use
Business name(if any)	Nature of business	Location of business	commencement of business	NSIC Code

Address	of princi	pal pla	ace o	of bu	usin	iess																									
Street			T		T	T		Τ		Τ			Τ			Τ				T	T				Т			Τ	Τ		
Building/																						_		_	_			 			
Locality																															
Town/		Т									T	T	T	T					T	T	T							T	T		
Village																												 			
*Country	Mauritiu	IS		Ro	odrig	gues																									
Postal A	ddress																														
Street																															
Building/ Locality																															
Town/						T		Τ	T	Τ	T	Т			T	T	T	Т	T	T	1	1	T	T	$\neg$			Τ	Τ	Τ	
Village																												 			
*Country		IS		Ro	odrig	gues									T									T							
Contact	Person			+			$\pm$					T	$\frac{\perp}{1}$	$\frac{\perp}{1}$	t	$\pm$	$\dagger$	1				<u> </u>	<u> </u>	t	$\dagger$	1	$\pm$			<u> </u>	$\vdash$
Address	of Conta	ct Per	son							T																					
Street																															
Building/ Locality																															
Town/ Village																															
*Country	Mauritiu	s		Ro	drig	ues																									

~ ·

Estimated Annual Turnover/Gross Income  Proposed Foreign Direct Investment (if any)
Proposed Total Investment
Telephone No. Fax No.
Email Address
Actual Workforce Expected Workforce
DECLARATION
1
( Full name of signatory in BLOCK LETTERS)  (a) hereby declare that all the particulars and information in this form and in any document attached herewith are true and complete;
(b) do hereby apply for registration of my business/profession and of my business name,if any,and for a business registration card; and
(c) do hereby tender the sum of Rs being the registration fee payable.
Date / / / (DD/MM/YYYY) Signature: