

Application to operate E-Filing Service Centre

To Director-General, Mauritius Revenue Authority

1. Name of applicant.....Other Names.....
(Applicable to individuals)
2. Status.....BRN.....TAN.....
(Mr/Mrs/Company/Société)
3. Date of birth/incorporation.....NID/Registration Number.....
4. Residential address/Registered office address.....
.....
.....
5. Business Address.....
.....
.....
6. Telephone Number.....Fax Number.....
Email Address.....
7. No. of years of operation as Public Accountant/Accounting Firm/Management Company in Mauritius.....
8. Total number of employees/staff.....

I, Mr/Ms.....do hereby declare that the information I have given in this form is true and correct to the best of my knowledge and that the Statement of Procedure of which I have been clearly made aware of would be complied with.

Date.....

Signature.....

Capacity in which acting.....