

**MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY**  
**R. Seeneevassen Building, PORT LOUIS**

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## SUPPLIER'S REGISTRATION FORM

Name of Supplier: (Company Name)	
Full Name of Signatory:	
Capacity in which signatory is signing:	
Address:	
Nature of Main Business: (Copy of Trading License/s to be enclosed)	
Description of Nature of Business	Number of Years of Experience
Business Registration Number:	
VAT Registration Number (if applicable):	
Tel No:	Fax No:
Email:	Website:
Signature:	Date: