



**REPUBLIC OF MAURITIUS  
MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY  
(NATIONAL PLANT VARIETIES AND SEEDS OFFICE)**

**APPLICATION TO BE REGISTERED AS A SEED DEALER/TO RENEW A CERTIFICATE OF  
REGISTRATION**

**[Under Regulations 5 &10/ FIRST SCHEDULE of Seeds Act (2013)]**

To: The Senior Chief Executive,  
Ministry of Agro Industry and Food Security  
(Attn. Ag. Principal Scientific Officer)  
National Plant Varieties and Seeds Office  
Ministry of Agro-Industry and Food Security  
Sir Francis Herchenroder St,  
Beau Bassin  
**Tel:** (+230) 455 1863; **Fax:** (+230) 466 1867

<b>FOR OFFICIAL USE ONLY</b>
S/N: .....
Date: .....
Name & signature of Officer: .....

Name of applicant .....

Business address of applicant .....

Business Registration Number .....

Telephone no. ....	Mobile no. ....	Fax no. ....
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Email address .....

Activities of applicant with regard to seeds\*

Import	<input type="checkbox"/>	Export	<input type="checkbox"/>	Production	<input type="checkbox"/>
Processing	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Packaging	<input type="checkbox"/>
Selling wholesale	<input type="checkbox"/>	Selling retail	<input type="checkbox"/>		

Main crops handled by applicant\*

Vegetable seeds	<input type="checkbox"/>	Flower seeds	<input type="checkbox"/>	Cereal seeds	<input type="checkbox"/>
Seed potatoes	<input type="checkbox"/>	Garlic	<input type="checkbox"/>	Ginger	<input type="checkbox"/>
Fruit tree plants	<input type="checkbox"/>	Ornamental plants	<input type="checkbox"/>	Other	<input type="checkbox"/>

I confirm that the above information is correct and that I am aware of the responsibilities of seed dealers under the Seeds (Marketing) Regulations 2022.

I undertake to –

- (a) provide such other information as the National Plant Varieties and Seeds Office may require in connection with this application; and
- (b) authorise inspection of my premises by staff of the office when so required.

I hereby apply to be registered as a seed dealer and I agree to pay the required fee.\*\*

If this application is for the renewal of registration, please state the number and date of the current certificate.\*\*

Certificate Number .....

Date .....

.....  
Name

.....  
Signature

.....  
Designation

.....  
Date

.....  
Office stamp

\* *Tick as appropriate*

\*\* *Delete as appropriate*

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