

Registration form as a Self-Employed

Application form for Occupation Permit

GOVERNMENT OF MAURITIUS

APPLICATION FOR OCCUPATION PERMIT

[Section 9A of the Immigration Act]

(Please read the attached guidelines carefully BEFORE filling this form)

APPLICANT'S CATEGORY (Please tick one category only)

INVESTOR **PROFESSIONAL** **SELF-EMPLOYED**

BOI Registration Number.

SECTION 1: PERSONAL DETAILS OF INVESTOR OR EXPATRIATE WORKER TO BE RECRUITED

1.1 Surname					
1.2 Given Names					
1.3 Maiden Name (If any)					
1.4 Any Previous Name					
1.5 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	1.6 Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
		Other			
1.7 Date Of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.8 Place Of Birth			
		Day Month Year			
1.9 Present Nationality					
1.10 Any other nationality held Date acquired:			1.11 Have you ever renounced any nationality?		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state which one and why?		
Day Month Year					

1.12 Passport No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.13 Issuing Country			
1.14 Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.15 Date of expiry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Day Month Year Day Month Year			
1.16 If you have any other document issued by your or any other government, e.g residence permit, etc, please give details: Type of document:					
1.17 Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.18 Date of expiry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Day Month Year Day Month Year			
1.19 Residential Address in your country of origin					
Tel No:			Fax No:		

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1.20 Address of last place of residence, if different from above	
Tel No:	Fax No:
1.21 Do you hold the right of re-entry into your:	
(a) country of origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of expiry of right: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Day Month Year
(b) last place of residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of expiry of right: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Day Month Year
1.22 If No to any of the above, please give details:	
1.23 Residential address in Mauritius	
Tel No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fax No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mobile No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Email Address:	

1.24 Have you previously worked in Mauritius (or currently working)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give details of (i) the current post and (ii) of the most recent one below			
Post held	Company (name and address)	Period	
(i)		From	
		To	
(ii)		From	
		To	

SECTION 2 – DETAILS OF EMPLOYER/BUSINESS

2.1 Name of company/ societe, etc			
2.2 Business Address			
2.3 Tel No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2.4 Fax No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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2.5 Email			
2.6 Company Incorporation No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2.7 Business Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 3 - SECURITY/HEALTH QUESTIONS (please tick as appropriate)

3.1 Have you ever been convicted of any crime in any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2 Is a criminal/civil case pending against you in any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3 Are you suffering from any infectious or contagious disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the reply to any of the above questions is **Yes**, please give full details below, attaching relevant documents if any

.....

.....

.....

3.4 Any additional information you wish to bring to the attention of the Occupation Permit Unit

.....

.....

SECTION 4: DECLARATION

I/We declare that all the information given in this application form as well as in the attached documents is true and correct.

I / We understand that making a false statement is a serious offence and may lead to prosecution and cancellation of an Occupation Permit.

Signature of investor/professional/self-employed:

Date:
Day Month Year

Signature of employer (of the professional):

Date:
Day Month Year

Data Protection: All personal details are processed in a confidential manner and in accordance with the Data Protection Act. All information supplied by you in this form and any subsequent information which may be provided by you at a later stage, may be shared by other government departments or authorities for the processing of the application. Agree/Disagree

UNDERTAKING

TO BE FILLED AND SIGNED BY THE APPLICANT

This is to certify that I, Mr /Mrs / Miss.....
(NAME OF APPLICANT)
of nationality has applied for an Occupation Permit as
Investor / Professional / Self Employed or Residence Permit as Retired Non-Citizen (DELETE AS
APPROPRIATE).

I / My company (DELETE AS APPROPRIATE) undertake (s) to meet any expense or charge likely to be
incurred for my maintenance, support or repatriation to my country of origin or residence.

I / My company undertake (s) (DELETE AS APPROPRIATE) to meet any expense or charge likely to be
incurred for the maintenance and/or support of my dependents and their repatriation to their
country of origin or residence.

Name in full:

Tel No:

Mobile Number:

Fax No:

Email:

Date:

Signature:

Traduction Anglais – Français

This document has been prepared to help french speaking person to better read the Application form for an Occupation Permit. This translation should be used as indicative only. The Board of Investment will not be liable for any misunderstanding of the translated portion.

Ce document a été préparé pour aider les personnes qui parlent français à mieux lire le formulaire Demande de permis d'occupation. Cette traduction ne doit être utilisée qu'à titre indicatif. Le Board of Investment ne sera pas responsable pour toute méconnaissance de la partie traduite.

	English	Traduction en Français
1	<i>Section 1 : Personal details of investor or expatriate worker to be recruited</i>	Section 1: Les données personnelles de l'investisseur ou de professionnel expatrié à recruter
1.1	<i>Surname</i>	Nom de famille
1.2	<i>Given names</i>	Prénoms
1.3	<i>Maiden Name (if any)</i>	Nom de jeune fille
1.4	<i>Any previous names</i>	Autre Nom que vous utilisez ou sous lequel vous étiez connu
1.5	<i>Gender</i>	Sexe
	<i>Male</i>	Masculin
	<i>Female</i>	Féminin
1.6	<i>Marital Status</i>	État civil
	<i>Single</i>	Celibataire
	<i>Married</i>	Marié
	<i>Divorced</i>	Divorcé
	<i>Other</i>	Autre
1.7	<i>Date of Birth</i>	Date de naissance
	<i>Day month year</i>	Jour mois année
1.8	<i>Place of birth</i>	Lieu de naissance
1.9	<i>Present nationality</i>	Nationalité actuelle
1.10	<i>Any other nationality held :</i>	Autre Nationalité
	<i>Date acquired</i>	Date d'acquisition
1.11	<i>Have you ever renounced any nationality?</i>	Avez-vous déjà renoncé à une nationalité?
	<i>Yes No</i>	Oui Non
	<i>If yes, state which one and why?</i>	Si oui, lequel et pourquoi?
1.12	<i>Passport no</i>	Numéro de passeport
1.13	<i>Issuing country</i>	Pays d'émission
1.14	<i>Date of issue</i>	Date de délivrance
1.15	<i>Date of expiry</i>	Date d'expiration
1.16	<i>If you have any other document issued by your or any other government e.g residence permit etc, please give details:</i>	Si vous avez tout autre document de résidence émis par votre ou tout autre Gouvernement, par exemple permis de séjour, etc.

	Type of document	Type de document
1.19	Residential Address of your country of origin Tel no Fax no	Adresse de résidence de votre pays d'origine Numéro de Téléphone Numéro de télécopieur
1.20	Address of last place of residence, if different from above	Adresse du dernier lieu de résidence, si différente de ci-dessus
1.21	Do you hold the right of re-entry into your: Country of origin Last place of residence Date of expiry of right	Détenez-vous le droit de réentrée dans votre: Pays d'origine Dernier lieu de résidence Date d'expiration du droit
1.22	If No to any of the above, please give details:	Si Non aux questions précédentes, fournissez des détails complémentaires :
1.23	Residential address in Mauritius Mobile no Email address	Adresse de la résidence à l'île Maurice Numéro Mobile Adresse courriel
1.24	Have you previously worked in Mauritius (or currently working)? If Yes, please give details of (i) the current post and (ii) of the most recent one below Post held Company (name and address) Period From To	Avez-vous déjà travaillé à l'île Maurice (ou actuellement)? Si oui, donnez des détails sur (i) le poste actuel et (ii) le plus récent ci-dessous Fonction occupée Entreprise (Nom et adresse) Période De À
2	Section 2 – Details of Employer/ Business	Section 2 -Détails de l'Employeur / l'Entreprise
2.1	Name of company/societe, etc	Nom de l'entreprise / societe, etc
2.2	Business address	Adresse de l'entreprise
2.6	Company incorporation No	Numéro d'incorporation de la société
2.7	Business Registration No	Numéro d'enregistrement de l'entreprise
3	Section 3 – Security/ Health Questions (please tick as appropriate)	Section 3 - Sécurité / Santé Questions (cochez la case appropriée)
3.1	Have you ever been convicted of any crime in any country?	Avez-vous déjà été reconnu coupable d'un crime dans un pays?
3.2	Is a criminal/ civil case pending against you in any country?	Avez- vous un dossier criminel/ civile en cours contre vous dans n'importe quel pays?
3.3	Are you suffering from any infectious or contagious disease? If the reply to any of the above questions is Yes, please give full details below, attaching relevant documents if any	Souffrez-vous d'une maladie infectieuse ou contagieuse? Si la réponse à l'une des questions ci-dessus est oui, donnez des clarifications et attachez des documents pertinents
3.4	Any additional information you wish to bring to the attention of the Occupation Permit unit?	Avez-vous des informations supplémentaires que vous souhaitez mettre à l'attention du « Occupation Permit Unit » ?
4	Section 4: Declaration I/We declare that all the information given in this application form as well as in the attached documents is true and correct.	Section 4: Déclaration Je déclare/ nous déclarons que tous les renseignements fournis dans ce formulaire de demande ainsi que dans les documents joints sont véridiques et exacts. Je comprends/ Nous comprenons que faire une fausse

I/We understand that making a false statement is a serious offence and may lead to prosecution and cancellation of an Occupation Permit.

Signature of investor/professional/self-employed:

Signature of employer (of the professional):

déclaration constitue une infraction grave et peut entraîner des poursuites et l'annulation d'un permis d'occupation.

Signature de l'investisseur / du professionnel / du professionnel indépendant:

Signature de l'employeur (du professionnel):

5 Section 5 – Undertaking

To be filled and signed by the Employer of the Professional

This is to certify that (NAME OF COMPANY) proposes to employ Mr /Mrs / Miss (NAME OF EMPLOYEE) of ... nationality in the capacity of ..., for a duration of ... months/years in the establishment situated at ... on the terms and conditions mentioned in the enclosed contract of employment. He/she will draw a basic salary of Rs ... a month.

The Company undertakes that, in respect of employment of the above-named expatriate, it will meet any expense or charge likely to be incurred for the maintenance, support or the repatriation of the holder of the occupation permit to his/her/ country of origin / residence on termination of the contract of employment or for any other reason whatsoever.

Name in full:

Designation:

Signature

Seal Company:

Section 5 - Engagement

A être rempli et signé par l'employeur du professionnel

Ceci est pour certifier que (NOM DE L'ENTREPRISE) propose d'employer M. / Mme / Mlle (NOM DE L'EMPLOYÉ) de nationalité ... en sa capacité de ..., pour une durée de ... mois / ans dans l'établissement situé à ... sur les termes et conditions mentionnés dans le contrat ci-joint de l'emploi. Il / elle touchera un salaire de base de Rs ... par mois.

L'Entreprise s'engage qu' en matière d'emploi de l'expatrié mentionné ci-dessus, il s'entend à toutes dépenses/ charges susceptibles d'être encourus pour la maintenance, le support ou le rapatriement du titulaire du permis d'occupation à son/ sa pays d'origine/ résidence en case de cessation du contrat de travail ou pour toute autre raison que ce soit.

Nom complet:

Désignation:

Signature :

Sceau de l'Entreprise :

Application to Enter Mauritius form

Application to enter Mauritius

FIRST SCHEDULE (Regulation 3)

I, (full names and surname in block letters) of..... (address), wish to enter Mauritius. I set out hereunder the particulars of my application —

1. Profession/Occupation.....
2. Sex.....
3. Married/Single.....
4. Place and Date of Birth.....
5. Nationality.....
6. Passport No., Place and Date of issue.....
.....
7. Last place of permanent residence.....
8. Previous period of residence in Mauritius.....
9. Particulars of accompanying dependents (if any).....

Name

Date and place of birth

Wife.....

Children.....
.....

Other.....

10. Period during which the applicant wishes to stay in Mauritius.....
11. Object of application (visit, business, employment etc.)

NOTE :— Full particulars must be given. Failure to state fully the reasons for the journey will result in delay or refusal. Applicants who intend to seek employment in Mauritius or engage in any occupation for reward or profit must also apply for a work permit from the Ministry for Employment.

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.....
.....

12. Amount of money which applicant and/or accompanying dependents intend bringing to Mauritius
-

13. Intended place of residence in Mauritius.....
.....

14. Name and address of persons living in Mauritius who could furnish information about the applicant :—

(1)

(2)

I enclose two recent passport size photographs of myself and of all accompanying dependents as well as following civil status documents :

.....
.....

I hereby declare that to the best of my knowledge and belief the above particulars are true.

Dated this..... day of..... 20.....

.....
Signature of Applicant