



MAURITIUS INSTITUTE OF TRAINING AND DEVELOPMENT

Registration of Suppliers, Contractors and Consultants
Registration Form

Instructions

- 1. This Registration Form together with all relevant documents must be submitted in a sealed envelope marked "Registration of Suppliers, Contractors and Consultants" and be addressed to the Officer in Charge, MITD, MITD House, Pont Fer, Phoenix and be deposited in the Tender Box A at the above address not later than at
2. All forms must be completed in ink and in English.
3. Incomplete or incorrect submissions may not be retained for evaluation.

Section I - General Information

- 1. Name of Company:
2. Registered Address:
3. Mailing Address (if different from 2):
4. Telephone Nos :
5. Fax No: :
6. Email Address :
7. Contact Person Name & Title :
8. Contact person Email Address :
9. Contact Person Telephone/Mobile :
10. Certificate of Incorporation, Number & Date : (Copy to be attached)
11. Business Registration Number : (Copy to be attached)
12. VAT Reg. No. (If Applicable) : (Copy to be attached)
13. Average Annual Turnover (Rs) over last 3 years :
14. No. of full-time employees : (Copy of CVs of key personnel to be attached)

Section II - Nature of Business (Please tick (✓) as appropriate)

Goods

- Tools, equipment and materials for workshop
- Audio visual and office equipment
- Computers and related equipment
- Furniture
- Stationery
- Vehicles (Plant & Machinery)
- Dry Foodstuffs
- Fresh Fruits & Vegetables
- Dairy Products
- Frozen Foods
- Processed Meat Products
- Fresh & Frozen Fish & Sea foods
- Fresh Meat & Poultry Products
- Wine/Spirit
- Soft drinks/Juices/Water
- Chemicals, Disinfectant, Detergents for laundry
- Kitchen & Room supplies
- Linen Products
- Bed Sheet, Cushions, Curtains, Pillow, Pillowcase, Bathrode & Towel Supplies
- Leisure & Sports Equipment
- Florists/Decorative Articles
- Small Kitchen Appliances

Maintenance Services

- Security
- Cleaning
- Photocopy Machines
- Fax Machines
- Air Extraction and Ventilation Systems
- Training Equipment (lathes, milling machines, etc)
- Standby Generator
- Catering and Laundry Equipment
- Air Conditioning Sytems
- Cold Rooms
- Fire Extinguisher
- Fire Alarm Systems
- Fire Fighting Installations
- Roller Shutters
- Industrial Sewing Machines & Equipment
- Wood Working Machine

Works

- Electrical Installations
- Building & Civil Engineering
- Masonry/Concrete Works
- Waterproofing
- Painting
- Plumbing
- Air Conditioning
- Air Extraction & Ventilation

Consultancy Services

- Architectural
- Civil/Structural Enginnering
- Electrical Works
- Air Conditioning, Air Extraction & Ventilation
- Data and Telecommunications
- Quantity Surveying
- Fire Alarm Systems
- Fire Fighting Installations

- Data and Telecommunications
- Fire Alarm Systems
- Fire Fighting Installations
- Pumps
- Partitioning Works
- UPS
- False Ceiling
- Signboards and Sign Plates
- Upholstery Works
- Aluminium Works
- Metal Works
- Pest Control

Other Services

- Insurance
- Printing
- Advertising

Section III - Business History

Please tick (✓) as appropriate

1. Has company operated under any other name? Yes No
(If yes, former name)
2. Has company ever filed or petitioned for bankruptcy? Yes No
(if yes, to provide detail explanation and current status)
3. Are there any lawsuit, legal action or litigations pending against Company? Yes No
(If yes, attach details)
4. Has company ever been terminated for non-performance? Yes No
(if yes, attach details)
5. Has company ever dealt with MITD? Yes No
(if yes, please attach details of contracts awarded).
6. Is company profile/brochure attached? Yes No

Section IV - Previous Experience

1. Does the Company have experience in the fields in which registration is being sought? Yes No
(If yes, answer question 2 of this section, below)
2. Indicate the previous experiences whereby such activities were provided on a contractual basis?
(Please attach details of projects executed with name of Clients, Project Value and date of completion)

I/We, hereby authorise the MITD to conduct an investigation concerning any and all statements contained in this questionnaire, interview all references, and conduct any other investigation that it deems appropriate.

All information supplied on this form are true and can be ascertained. I/We, understand that any incorrect information given in this questionnaire may result in disqualification from Registration and termination of an on-going contract.

All information in this document will remain in strict confidence with the MITD.

Name of Authorised Officer :

Title :

Signature :

Date :