



**Mauritius Institute of Health, Powder Mill, Pamplemousses.
Tel 2433772, Email mihealth@intnet.mu**

SUPPLIER'S REGISTRATION FORM

DETAILS

Name of Supplier: _____
(Company Name)

Full Name of Signatory: _____

Capacity in which signatory is signing: _____

Address: _____

Nature of Business :(Copy of trading license/s to be enclosed)

1. _____
2. _____
3. _____
4. _____

Business Registration Number: _____

VAT Registration Number (if applicable): _____

Tel No.: _____ **Fax No.:** _____

Email: _____ **Website:** _____

Signature: _____

Date: _____

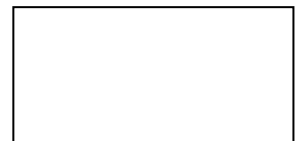
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Goods, Works and Services to be supplied *(Please tick where appropriate)*

Goods:		
1.	Office Equipment (photocopiers, fax machines etc.)	
2.	Computer Hardware	
3.	Computer software and consumables	
4.	Office Furniture (Wood)	
5.	Office Furniture (Metal)	
6.	Stationery	
7.	Motor Vehicles	
8.	Audio Visual Equipment	
9.	Fire Extinguishers	
10.	Banners	
11.	Electronic attendance	
12.	Food stuffs	
13.	others	
Works & Services:		
1.	Cleaning	
2.	Printing	
3.	Designs (Publications)	
4.	Advertising (newspaper)	
5.	Travel (booking, ticketing, etc.)	
6.	Catering	
7.	Electrical Works	
8.	Plumbing	
9.	Network Services(Data & Telephone)	
10.	Courier services	
11.	Pest Control	
12.	others	

Suppliers willing to register for any other goods and services may enclose their list of goods and/or services.

Signature of Supplier..... Company's Seal



Names:

Instructions

1. This registration form together with all relevant documents must be submitted in a sealed envelope marked "Registration of Suppliers and Contractors" or by e-mail and be addressed to the Executive Director, Mauritius Institute of Health, Powder Mill, Pamplemousses by Registered Post at the above address not later than 20 September, 2016 at noon.
2. All forms must be completed in ink and in English
3. Incomplete or incorrect submissions may not be retained for evaluation