



**CENTRAL WATER AUTHORITY**

ST.PAUL – MAURITIUS – TEL : 601-5000

Tel. (230)601-5000

Fax : (230) 686 6264

Hotline : 170

Email : [cwa@intnet.mu](mailto:cwa@intnet.mu)

Website : <http://cwa.govmu.org>

**VENDOR REGISTRATION FORM**

**SECTION 1:**

**A. Basic Information**

- Business Name : .....
- Division/Branch (if none, enter same as above) : .....
- Legal form of business : .....
- SME / Non SME : .....
- Registration No. as SME : .....
- CIDB Reference No. : .....
- Turnover Sum Yearly (Rs.) : .....
- If others, please specify : .....
- Type of business : .....
- Country business is registered in : .....
- Year business established (YYYY) : .....
- Certificate of incorporation number (if applicable) : .....
- Business Registration Card number : .....
- Income tax number : .....
- If VAT registered in Mauritius, state VAT number : .....

No. of full-time employees : .....

Does the business carry employer's liability insurance?  Yes  No

Does the business carry workmen compensation insurance?  Yes  No

Kindly select the different products/services the company provides

Products/Services : .....

If others, please specify product/services : .....

**SECTION 2:**

**A. Business Address**

Address Line 1 : .....

Address Line 2 : .....

Address Line 3 : .....

Country : .....

Telephone number : .....

Fax Number : .....

Email Address : .....

Web site (if any) : .....

**B. Primary Contact Information**

Title : .....

Contact Name : .....

Contact Position : .....

Telephone number : .....

Fax number : .....

Mobile number : .....

Email Address : .....

**SECTION 3:**

**A. Banking Information**

Bank Name : .....

Address Line 1 : .....

Address Line 2 : .....

Address Line 3 : .....

Country : .....

Contact's Telephone : .....

Bank Account no : .....

Swift Code : .....

IBAN no. (If any) : .....

**SECTION 4:**

**A. Specify Reference Clients other than the CWA**

**(i) Reference 1**

Company Name : .....

Contact Name : .....

Contact Telephone : .....

Contact Email Address : .....

Country : .....

**(ii) Reference 2**

Company Name : .....

Contact Name : .....

Contact Telephone : .....

Contact Email Address : .....

Country : .....

**DECLARATION**

**(This declaration should be completed by the proprietor, partner, director and/or authorized signatory, who has the authority to do so)**

- (i) I/We ..... declare and confirm that the information furnished and attachments submitted with the application are true and correct.
- (ii) I/we are aware that any false information provided herein will result in the rejection of my/our application for registration.
- (iii) I/we undertake to communicate promptly to the Central Water Authority any changes in the conditions or working of the firm.

**NAME** :.....

**POSITION** :.....

**DATE** :.....

**SIGNATURE** :.....

**OFFICE SEAL** :.....

