CENTRAL WATER AUTHORITY
ST.PAUL - MAURITIUS - TEL : 601-5000
Tel. (230)601-5000
Fax : (230) 686 6264
Hotline : 170
Email : 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: :……

Grade of Registration with CIDB: ……

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/works the company provides

Products/Services/Works : ……

Registered with Public Procurement Office for **E-Procurement**: ……

Details of past experience ***(last 5 years)***.

Sn	Client	Description: Products/Services/Works	Amount (Rs)

The above information can also be submitted as an Annex.

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 : ……

OFFICIAL SEAL : ……