



# THE DISTRICT COUNCIL OF SAVANNE

## Registration Form for E-Payment facilities for Trade Fee

Full Name of Economic Operator/Company: .....

Name of Representative (for Company): .....

Residential Address: .....

Business Address: .....

National Identity No. (NID)/ Company Registration No .....

Business Registration No. (BRN):.....

Email Address:.....

Date of Birth: .....

Phone Number : .....

Mobile: .....

### ***Please select the Council(s) in which you carry out trade activities***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> C. C. of Port Louis    | <input type="checkbox"/> M. C. of Beau Bassin Rose Hill | <input type="checkbox"/> M. C. of Quatre Bornes      |
| <input type="checkbox"/> M.C. of Vacoas/Phoenix | <input type="checkbox"/> M. C. of Curepipe              | <input type="checkbox"/> D. C. of Riviere Du Rempart |
| <input type="checkbox"/> D. C. of Pamplemouses  | <input type="checkbox"/> D. C. of Moka                  | <input type="checkbox"/> D. C. of Flacq              |
| <input type="checkbox"/> D. C. of Black River   | <input type="checkbox"/> D. C. of Grand Port            | <input type="checkbox"/> D. C. of Savanne            |

*I/We, the undersigned, confirm that the information provided is correct and I/we wish to avail myself/ourselves of the e-Payment facilities for Trade Fees.*

**Signature of Economic Operator/Representative:.....**

**Company Seal: .....**

**Date: .....**

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### **Please attach the following supporting documents:-**

- (i) Copy of your NID/Certificate of Incorporation
- (ii) Copy of your Business Card
- (iii) Copy of latest Trade Fee Receipt