

## COMPANY TRANSFER FORM

Ref: Transfer -COM

### CNP - MRA returns.

#### 1. COMPANY TO BE TRANSFERRED:

COMPANY NAME: \_\_\_\_\_

TAN NUMBER: \_\_\_\_\_ ERN: \_\_\_\_\_

#### TRANSFER FROM:

OUTGOING EFILING CENTRE or ACCOUNT /SUBSCRIBER NAME: \_\_\_\_\_

#### OUTGOING EFILING CENTRE or ACCOUNT/SUBSCRIBER DETAILS:

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### TRANSFER TO: (Tick as appropriate)

INCOMING EFILING CENTRE:  NAME: \_\_\_\_\_

\*INCOMING ACCOUNT/ SUBSCRIBER:  NAME: \_\_\_\_\_

ACCOUNT/ SUBSCRIBER ID: \_\_\_\_\_ TAN: \_\_\_\_\_ ERN: \_\_\_\_\_

**\*Please specify Account Id and Tan number for INCOMING ACCOUNT/ SUBSCRIBER.**

**Note: Section to be completed by the company requesting transfer and form must be signed by the company's Director, Partner, Owner, proprietor only.**

I, hereby authorise MNS to transfer the company as per the above information.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Official seal

**2. INCOMING E-FILING SERVICE CENTRE or INCOMING ACCOUNT/ SUBSCRIBER**

**COMPANY TO BE TRANSFERRED:**

COMPANY NAME: \_\_\_\_\_

TAN NUMBER: \_\_\_\_\_ ERN: \_\_\_\_\_

INCOMING EFILING SERVICE CENTRE/ ACCOUNT/ SUBSCRIBER NAME:

\_\_\_\_\_

**Note: Section to be completed by the incoming eFiling service centre or Account/Subscriber and signed by an authorised employee of the eFiling service centre or Company.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Official seal



**I acknowledge that the above instruction is correct and true.**

**\*Notes:**

- A fee of Rs 300.00 exclusive of Vat will be charged to the incoming eFiling service centre or Account/Subscriber per company transferred.
- Upon receipt of the signed form the company with all previous returns will be transferred to the incoming eFiling Service Centre /Account.
- The COMPANY TRANSFER FORM must be completed, signed, and returned to the Customer Service Department by email on [customer.service@mns.mu](mailto:customer.service@mns.mu).
- The signed form must not be dated more than 14 days.

**I have read and acknowledge the [Privacy Notice](#) and I understand that all personal data shall be collected and processed in accordance with the Data Protection Act 2017.**

**MNS OFFICE USE**

Requester: \_\_\_\_\_

Initial: \_\_\_\_\_

Approver: \_\_\_\_\_

Initial: \_\_\_\_\_

Company Id: \_\_\_\_\_

Incoming eFiling service centre or Account/Subscriber ID: \_\_\_\_\_

Transfer Date: \_\_\_\_\_

Outgoing eFiling Service centre/ Company informed Date: \_\_\_\_\_