

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.

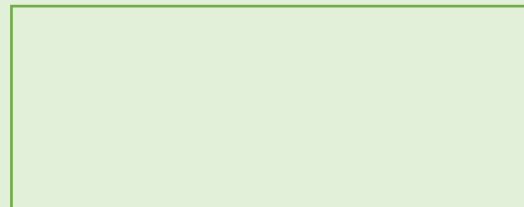
First Name: _____

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.
- 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: _____