Mauritius Network Services

Silicon Avenue, Cybercity,
Ebene 72201, Mauritius
VAT Reg No: VAT20130192 | BRN: C07012581
t. (230) 401-6800 | Hotline: [Local] 86205, [Int.] (230) 460 7205
mnsmail@mns.mu | customer.service@mns.mu
mns.mu

SUBSCRIBER – ACCOUNT REGISTRATION FORM

Ref: ACCT-REG

System: **CNP, TEPS, TN PHASE III DECLARATION (FRONT END), WEBBOE, PDMS, TN Phase III-FS, TN Phase III -FM, TN Phase VI, FOTS, MCCI, TRADELINK, WMS, EAR, TRANSHIPMENT**

Please specify system from the above list. _____

1. SUBSCRIBER DETAILS

Company name: _____

Address: _____

Tel: _____ Fax: _____ Company BRN: _____

Declarant Code*: _____ WMS Code*: _____

**Declarant code field to be completed for TN PHASE III DECLARATION (WEBBOE & FRONT END) and WMS Code field to be completed for Warehouse Management System.*

VAT Registered: ☐ YES ☐ NO VAT Registration No: _____

Would you like your invoices to be emailed: ☐ YES ☐ NO Billing Email: _____

Billing contact person: _____

2. AUTHORISED SIGNATORIES - CONTACT PERSONS

2.1 MAIN CONTACT PERSON

First Name: _____ Last Name: _____

Tel: _____ Fax: _____ Email: _____

Job Title: _____ Signature: _____

2.2 ALTERNATE CONTACT PERSON

First Name: _____ Last Name: _____

Tel: _____ Fax: _____ Email: _____

Job Title: _____ Signature: _____

3. ADMINISTRATOR AND USERS

3.1 SYSTEM ADMINISTRATOR ******To be completed for CNP, TEPS, TN PHASE III DECALRATION -WEBBOE only.*

First Name: _____ Last Name: _____

Tel: _____ Fax: _____ Email: _____

Job Title: _____ Signature: _____

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3.2 GENERAL USER (1)

First Name: _____ Last Name: _____

Tel: _____ Fax: _____ Email: _____

Job Title: _____ Signature: _____

3.3 GENERAL USER (2)

First Name: _____ Last Name: _____

Tel: _____ Fax: _____ Email: _____

Job Title: _____ Signature: _____

Please provide ONLY email address created for you by your employer. We strongly recommend that you do NOT provide email addresses used by a group, or created by yourself for your personal use, such as under Gmail, Yahoo, Hotmail, etc. Using your personal email presents security risks to the company/business information, and personal email accounts may not be covered by your company's security policies.

4. I CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN ARE CORRECT AND TRUE

First Name: _____

Last Name: _____

Job Title: _____

Date: _____

Signature: _____

Official seal

Notes:

- Section 2.1 and Section 4 must be completed by the Director, Partner, Owner, or Proprietor only.
- Please submit a copy of VAT/ BRN certificate if applicable.
- The signed form must not be dated more than 14 days.
- Login credentials will be sent to the system administrator and users for the above services and to the main contact person for TN PHASE III DECLARATION (FRONT END).
- The System Administrator is responsible for giving access rights to all users.
- All correspondence will be addressed to authorised signatories only.
- Any future change request must be authorised by the main /alternate signatories only.

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