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VAT REG No: VAT20130192 | BRN: C07012581
Customer Service
T: (230) 401 6805 | F: (230) 401 6802 | Email: customer.service@mns.mu
Helpdesk
MNS Hotline: 86205 | For International Callers: +230 460 7205 | Email: helpdesk@mns.mu

ACCOUNT RE-REGISTRATION FORM

Ref: ACCT RE-REG

COMPANY DETAILS

Account Name: _____

Account Id: _____Tel: _____ Email: _____

PLEASE RE-REGISTER ABOVE ACCOUNT ID, WITH IMMEDIATE EFFECT

Notes

- Approval for re-registration of Accounts should be provided by the director of the Company. The Account re-registration form must be completed, signed, and returned to the Customer Service Department by email on customer.service@mns.mu with a copy of the director's NID/Passport.

- Registration fees with any outstanding charges will be applicable if re-registration is requested after de-registration. All charges are available on https://mns.mu under section "Price List".

- The Account will be re-registered upon receipt of the re-registration form, payment as above mentioned, registration documents (Network Service Agreement, Subscriber Account Registration form available on https://mns.mu and a copy of VAT, BRN and director's NID/ Passport.

- Prior to re-registration of the Account, MNS will require approval from MRA Customs/ relevant authorities for the services listed below only:

  - ❖ TN PHASE III -FREIGHT STATION AND FREEPORT
  - ❖ TN PHASE VI- CERTIFICATES OF ORIGIN - EUR1/SADC/IOC
  - ❖ FREEPORT ONLINE TRACKING SYSTEM – OTS
  - ❖ MCCI CERTIFICATE OF ORIGIN
  - ❖ TN PHASE III DECLARATION FRONT END
  - ❖ TN PHASE III DECLARATION WEBBOE
  - ❖ WAREHOUSE MANAGEMENT SYSTEM- WMS

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

First Name: _____

Last Name: _____

Job Title: _____

Date: _____

Signature: _____

Official seal

Note: 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

Date received: _____ Initial: _____

Date processed: _____ Initial: _____