

Digital Transformation Unleashed

Job Title:

Mauritius Network Services Ltd | Silicon Avenue, Cybercity, Ebene, 72201, Republic of Mauritius T: (230) 401 6800 | F: (230) 401 6801 | Email: mnsmail@mns.mu | www.mns.mu

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

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*:		
*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:		

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:	Official seal	
Last Name:		
Job Title:		
Date:		
Signature:		

Notes:

- Section 2.1 and 4.1 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 respectively for CNP, TEPS and WEBBOE 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 <u>Privacy Notice</u> and I understand that all personal data shall be collected and processed in accordance with the Data Protection Act 2017