

TRAINING APPLICATION FORM

Ref: TRNG-APP-01

PARTICIPANT DETAILS

Title: Mr Mrs Miss Session No: _____
 Surname: _____ Other names: _____
 Tel: _____ Mob: _____ Email: _____
 User IT Experience: Fluent Good Not IT literate Preferred language: French English

Please select where applicable

SYSTEM	TIME	SYSTEM	TIME
CONTRIBUTIONS NETWORK PROJECT (CNP)	09:00 – 16:15 hrs	MCCI CERTIFICATE OF ORIGIN	09:30 – 12:00 hrs
TRADENET ELECTRONIC PAYMENT SYSTEM (TEPS)	09:30 – 12:00 hrs	TRADELINK SINGLE WINDOW	09:30 – 12:00 hrs
TN PHASE III DECLARATION WEB	09:30 – 12:00 hrs	WAREHOUSE MANAGEMENT SYSTEM	09:30 – 12:00 hrs
TN PHASE III DECLARATION FRONT END	09:30 – 12:00 hrs	PUBLIC DEBT MONITORING SYSTEM (PDMS)	09:00 – 15:00 hrs
TN PHASE III -FREIGHT STATION	09:30 – 12:00 hrs	COMPANIES & BUSINESSES REGISTRATION INTEGRATED SYSTEM (CBRIS)	09:00 – 16:15 hrs
TN PHASE VI- CERTIFICATES OF ORIGIN	09:30 – 12:00 hrs	COMPANIES & BUSINESSES REGISTRATION INTEGRATED SYSTEM (XBRL)	09:00 – 12:00 hrs
FREEDPORT ONLINE TRACKING SYSTEM	09:30 – 12:00 hrs		

COMPANY & PAYMENT DETAILS

Company name: _____
 Address: _____
 Contact person: _____ Job title: _____ Tel: _____
 Email: _____
 Mode of payment: _____ Training fees (Rs): _____

Official seal

Notes

- Please provide a copy of the participant NID/Passport.
- Cheques must be drawn to the order of **Mauritius Network Services Ltd**.
- Form to be filled and sent to MNS on trainingcentre@mns.mu 3 business days before the training scheduled date.
- The signed form must not be dated more than 14 days.
- **All training will be delivered at Mauritius Network Services Ltd office, Silicon Avenue, CyberCity, Ebene.**

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

Signature: _____ Date: _____