

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



Digital Transformation Unleashed

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

2. INCOMING E-FILING SERVICE CENTRE or INCOMING ACCOUNT/ SUBSCRIBER

COMPANY TO BE TRANSFERRED:

COMPANY NAME: _____

TAN NUMBER: _____ ERN: _____

INCOMING EFILING SERVICIE 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.

Form with fields for First Name, Last Name, Date, Signature, and Official seal.

*Notes:

- 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

Form with fields for Requester, Approver, Company Id, Transfer Date, Initial, Incoming EFiling service centre or Account/Subscriber ID, and Outgoing EFiling Service centre/ Company informed Date.