



THE DISTRICT COUNCIL OF FLACQ
Survey Form for enabling E-Payment facilities for Trade Fees

Full Name of Economic Operator/Company:

Name of Representative (for Company):

Residential Address:

Business Address:

National Identity No. (NID)/ Company Registration No

Business Registration No. (BRN):.....

Email Address:..... Date of Birth:

Phone Number : Mobile:

Please select the Council(s) in which you carry out trade activities

| | | |
|---|---|--|
| <input type="checkbox"/> C. C. of Port Louis | <input type="checkbox"/> M. C. of Beau Bassin Rose Hill | <input type="checkbox"/> M. C. of Quatre Bornes |
| <input type="checkbox"/> M.C. of Vacoas/Phoenix | <input type="checkbox"/> M. C. of Curepipe | <input type="checkbox"/> D. C. of Riviere Du Rempart |
| <input type="checkbox"/> D. C. of Pamplemouses | <input type="checkbox"/> D. C. of Moka | <input type="checkbox"/> D. C. of Flacq |
| <input type="checkbox"/> D. C. of Black River | <input type="checkbox"/> D. C. of Grand Port | <input type="checkbox"/> D. C. of Savanne |

Please attach the following supporting documents:-

- (i) Copy of your NID/Certificate of Incorporation
- (ii) Copy of your Business Card
- (iii) Copy of latest Trade Fee Receipt

Signature of Economic Operator/Representative:.....

Company Seal:

Date:

I/We, the undersigned, wish/do not wish to avail myself/ourselves of the E-Payment facilities for Trade Fees.

Signature of Economic Operator/Representative:

Company Seal: