

GOVERNMENT OF MAURITIUS

APPLICATION FOR OCCUPATION PERMIT

[Section 9A of the Immigration Act]

(Please read the attached guidelines carefully BEFORE filling this form)

APPLICANT'S CATEGORY (Please tick one category only)

INVESTOR PROFESSIONAL SELF-EMPLOYED

BOI Registration Number.

SECTION 1: PERSONAL DETAILS OF INVESTOR OR EXPATRIATE WORKER TO BE RECRUITED

1.1 Surname					
1.2 Given Names					
1.3 Maiden Name (If any)					
1.4 Any Previous Name					
1.5 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	1.6 Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
		Other			
1.7 Date Of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.8 Place Of Birth			
		Day Month Year			
1.9 Present Nationality					
1.10 Any other nationality held			1.11 Have you ever renounced any nationality?		
Date acquired:			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state which one and why?		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Day Month Year					

1.12 Passport No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.13 Issuing Country			
1.14 Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.15 Date of expiry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Day Month Year		Day Month Year	
1.16 If you have any other document issued by your or any other government, e.g residence permit, etc, please give details:					
Type of document:					
1.17 Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.18 Date of expiry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Day Month Year		Day Month Year	
1.19 Residential Address in your country of origin					
Tel No:			Fax No:		

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1.20 Address of last place of residence, if different from above	
Tel No:	Fax No:
1.21 Do you hold the right of re-entry into your:	
(a) country of origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of expiry of right: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year
(b) last place of residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of expiry of right: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year
1.22 If No to any of the above, please give details:	
1.23 Residential address in Mauritius	
Tel No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fax No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email Address:	

1.24 Have you previously worked in Mauritius (or currently working)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give details of (i) the current post and (ii) of the most recent one below			
Post held	Company (name and address)	Period	
(i)		From	
		To	
(ii)		From	
		To	

SECTION 2 – DETAILS OF EMPLOYER/BUSINESS

2.1 Name of company/ societe, etc			
2.2 Business Address			
2.3 Tel No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2.4 Fax No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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2.5 Email			
2.6 Company Incorporation No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2.7 Business Registration No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 3 - SECURITY/HEALTH QUESTIONS (please tick as appropriate)

3.1 Have you ever been convicted of any crime in any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2 Is a criminal/civil case pending against you in any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3 Are you suffering from any infectious or contagious disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the reply to any of the above questions is Yes , please give full details below, attaching relevant documents if any		

3.4 Any additional information you wish to bring to the attention of the Occupation Permit Unit

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SECTION 4: DECLARATION

I/We declare that all the information given in this application form as well as in the attached documents is true and correct.

I / We understand that making a false statement is a serious offence and may lead to prosecution and cancellation of an Occupation Permit.

Signature of investor/professional/self-employed:

Date:
 Day Month Year

Signature of employer (of the professional):

Date:
 Day Month Year

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SECTION 5 - UNDERTAKING

TO BE FILLED AND SIGNED BY THE EMPLOYER OF THE PROFESSIONAL

This is to certify that
(NAME OF EMPLOYER)
proposes to employ Mr /Mrs / Miss.....
(NAME OF EMPLOYEE)
of nationality in the capacity of
....., for a duration of
.....months/years in the establishment situated at
.....
.....on the terms and conditions mentioned in the enclosed contract of
employment. He/she will draw a basic salary of Rs a
month.

The Company undertakes that, in respect of employment of the above-named
expatriate, it will meet any expense or charge likely to be incurred for the
maintenance, support or the repatriation of the holder of the occupation
permit to his/her/ country of origin / residence on termination of the
contract of employment or for any other reason whatsoever.

Name in full:

Designation:

Tel No: Fax No:

Email:

Date:

Signature:

Seal Company:

