

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 | | 1.6 Marital Status | | Other | |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | | Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> | | | |
| 1.7 Date Of Birth | | 1.8 Place 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"/> 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 | | 1.13 Issuing Country | |
| <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"/> | | | |
| 1.14 Date of Issue | | 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 | | <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 | |
| 1.16 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 | | 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 | | <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 | |
| 1.19 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Day Month Year |
| (b) last place of residence? Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of expiry of right: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fax No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mobile No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 2.4 Fax No | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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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"/> | 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"/> |

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

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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

SECTION 5 - UNDERTAKING

TO BE FILLED AND SIGNED BY THE EMPLOYER OF THE PROFESSIONAL

This is to certify that
(NAME OF COMPANY)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:

