## **AGRICULTURAL MARKETING BOARD**

## Application for Registration as Dealer/Miller (under Section 16 of Mauritius Agricultural Marketing Act 1963)

Photograph of Applicant or Designated Representative

1.	Name	of Applicant:				
2.	Nation	al Identity Card Number:				
3.	Name	of Designated Representative (in	case of Company):			
4.	Addre	ss of Applicant:				
5.	Teleph	one/Fax Number(s):				
6.	BRN N	umber:				
7.	Tradin	g Licence No. (Foodstuffs): .				
8.	Certifi	cate of Incorporation/Current Sta	nding (in case of Company):			
9.	Munic	pality/District Council: .				
10.	Place	of Business: .				
11.	Stall N	o. (where applicable):				
12.	Health	Certificate:	BIZETIKIZ BZXBB			
13. Product(s) to which registration applies (Tick as appropriate)						
	a)	Potato – Table				
	b)	Onion - Table				
	c)	Garlic – Table				
	d)	Spices – Turmeric /Cardamom				
	e)	Potatoes – Seed				
	f)	Onions - Seed				
	g)	Garlic - Seed				
	h)	Long Tom Beans - Seed				
	i) :\	Glass Jars and Caps				
	j)	Others, please specify	PTO/			

14.	l,		, bearing ID Card No						
		and acting	g on behalf of myself or						
		company, co	onfirm that the following list of						
drive	drivers, helpers and staff are hereby authorised to represent me/or the above noted								
company at AMB. I also confirm that the following list of vehicles are hereby authorised to									
enter AMB premises on my/ the company's behalf.									
SN		ID No							
1		_							
2									
3									
4									
5									
SN	VEL	ICLE NO(S)	REGISTRATION CERTIFICATE						
SIN	VEN	ICLE NO(3)	(SUBMITTED)						
1									
2									
3									
DE0	LADATION								
DEC	LARATION								
I hei	reby declare that the in	formation provided in this	application form and its related						
annexures are, to the best of my knowledge and belief, truthful and correct, and request that my application as Dealer/Miller for the year 2019 be considered accordingly.									
and my application as bealer/miller for the year 2013 be considered accordingly.									
Signature:									
Nam	e:								
A c4!-	an Eau (if annliachta)								
ACTI	ng For (if applicable):								
Date	:								

## **DECLARATION**

I hereby declare that I will require the below noted quantity of produce from the AMB.

Months	Potatoes	Onions	Garlic	Others
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Signature	:	
NameGRICULTI	ŲF	RAL MARKETING BOARD
Acting for (if applicable)	:	
Date	:	