

**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. National Identity Card Number:**

.....

**3. Name of Designated Representative (in case of Company):**

.....

**4. Address of Applicant:**

.....

.....

**5. Telephone/Fax Number(s):**

.....

**6. BRN Number:**

.....

**7. Trading Licence No. (Foodstuffs):**

.....

**8. Certificate of Incorporation/Current Standing (in case of Company):**

.....

**9. Municipality/District Council:**

.....

**10. Place of Business:**

.....

**11. Stall No. (where applicable):**

.....

**12. Health Certificate:**

.....

**13. Product(s) to which registration applies (Tick as appropriate)**

a) Potato – Table .....

b) Onion – Table .....

c) Garlic – Table .....

d) Spices – Turmeric /Cardamom .....

e) Glass Jars and Caps .....

f) Others, please specify .....

PTO/

14. I, ....., bearing ID Card No ..... and acting on behalf of myself or ..... company, confirm that the following list of 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 | NAME | ID No |
|----|------|-------|
| 1  |      |       |
| 2  |      |       |
| 3  |      |       |

| SN | VEHICLE NO(S) | REGISTRATION CERTIFICATE (SUBMITTED) |
|----|---------------|--------------------------------------|
| 1  |               |                                      |
| 2  |               |                                      |
| 3  |               |                                      |

#### DECLARATION

I hereby declare that the information 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 2026 be considered accordingly.

Signature: .....

Name: .....

Acting For (if applicable): .....

Date: .....