

**Registration form as a
Retired Non-Citizen**

Registration form for Retired Non-Citizens



Board of Investment
Mauritius

Please fill form in block letters.

Transaction No.	<input type="text"/>	(for office use)	Submission date	<input type="text"/>	(dd/mm/yyyy)
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Particulars of the Non-Citizen

Surname	<input type="text"/>				
Other names	<input type="text"/>				
Address in country of origin	<input type="text"/> <input type="text"/>				
Country of Residence	<input type="text"/>				
Nationality	<input type="text"/>				
Tel Number	<input type="text"/>	Mobile Number	<input type="text"/>	Fax Number	<input type="text"/>
Email	<input type="text"/>				
Residential address in Mauritius	<input type="text"/> <input type="text"/> <input type="text"/>				

Particulars of the Non-Citizen (Last Employment)

Company	<input type="text"/>
Country	<input type="text"/>
Position occupied	<input type="text"/>
Duration of Tenure	<input type="text"/>

Transfer details

Amount	<input type="text"/>	Currency	<input type="text"/>
Local bank through which the transfer is to be effected	<input type="text"/>		
Local Bank Address	<input type="text"/> <input type="text"/>		

Appointment date (dd/mm/yyyy)

Tentative date	<input type="text"/>
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Additional information

Do you allow the BOI to use and share this information to our departments to follow up?	<input type="radio"/> Yes	<input type="radio"/> No
Would you be interested to receive our monthly newsletter?	<input type="radio"/> Yes	<input type="radio"/> No

**Application form for
Residence Permit**

APPLICATION FOR RESIDENCE PERMIT (RETIRED NON-CITIZEN) [Section 9B of the Immigration Act]

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

BOI Registration Number:

SECTION 1 - PERSONAL DETAILS OF RETIRED NON-CITIZEN (THE APPLICANT)

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"/>	Day	Month Year
1.8 Country of Birth			
1.9 Present Nationality: Date acquired:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day	Month Year
1.10 Any other nationality held: Date acquired:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day	Month Year
1.11 Have you ever renounced any nationality? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state which one and why?			

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"/>	1.15 Date of expiry
	Day Month Year	Day Month Year
1.16 If you have any other residence permit of any other country, please give details: Country: 1.2.		
1.17(1) Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.18 (1) Date of expiry
	Day Month Year	Day Month Year
1.17(2) Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.18 (2) Date of expiry
	Day Month Year	Day Month Year
1.19 Residential Address in your country of origin		
Tel No: _____ Fax No: _____		

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 No Date of expiry of right:
Day Month Year

(b) last place of residence? Yes No Date of expiry of right:
Day Month Year

1.22 If No to any of the above, please give details:

1.23 Residential address in Mauritius

Tel No: Fax No: Mobile No:

Email Address:

SECTION 2 - SECURITY/HEALTH QUESTIONS (please tick as appropriate)

2.1 Have you or your spouse ever been convicted of any crime in any country? Yes No

2.2 Is a criminal/civil case pending against you in any country? Yes No

2.3 Are you or your spouse suffering from any infectious or contagious disease? Yes No

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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Section 3 - DECLARATION

I 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 a Residence Permit.

Signature of applicant:

Date:
Day Month Year

Data Protection: All personal details are processed in a confidential manner and in accordance with the Data Protection Act. All information supplied by you in this form and any subsequent information which may be provided by you at a later stage, may be shared by other government departments or authorities for the processing of the application. Agree/Disagree

UNDERTAKING

TO BE FILLED AND SIGNED BY THE APPLICANT

This is to certify that I, Mr /Mrs / Miss.....
(NAME OF APPLICANT)
of nationality has applied for an Occupation Permit as
Investor / Professional / Self Employed or Residence Permit as Retired Non-Citizen (DELETE AS
APPROPRIATE).

I / My company (DELETE AS APPROPRIATE) undertake (s) to meet any expense or charge likely to be
incurred for my maintenance, support or repatriation to my country of origin or residence.

I / My company undertake (s) (DELETE AS APPROPRIATE) to meet any expense or charge likely to be
incurred for the maintenance and/or support of my dependents and their repatriation to their
country of origin or residence.

Name in full:

Tel No:

Mobile Number:

Fax No:

Email:

Date:

Signature:

Application to Enter Mauritius form

