



REGISTRAR-GENERAL'S DEPARTMENT
6th Floor, Emmanuel Anquetil Building, Port Louis

User Representation Form

New User Change User Permission Delete user

ORGANISATION DETAILS

Name:

Primary Contact:

Address:

Email address:

Phone Number: Mobile Number:

BRN NO:

USER DETAILS

Name:

User Name created in eRegistry System:

ID Number :

Address:

Email address:

Phone Number: Mobile Number:

PERMISSION TO BE PROVIDED

Submit View Payment Online search All

AUTHORISATION

I/We (Name of organisation) hereby authorise the Registrar-General's Department to provide access facilities to the eRegistry Online Services to Mr/Mrs/Ms..... on behalf of the organisation as per this application.

Signature:

Name of authorised signatory:

Date:

Seal of the organisation