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**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: ……………….………….………………………….

**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