

APPLICATION FORM

COVID 19 WORK ACCESS PERMIT

Name of Ministry/Department/Company/ Employer:

Address:

Business Registration No (where applicable):

Phone: Email Address:

Sectors (*Tick 1 only*)

- | | |
|---|---|
| <input type="checkbox"/> Public Sector Organisations (including Ministries and Departments) | purchase and home delivery) |
| <input type="checkbox"/> Medical Services (Private Clinics, Pharmacies, Laboratories, Manufacturer of medical devices, etc) | <input type="checkbox"/> Cleaning and Scavenging Services |
| <input type="checkbox"/> Sanitary, Hygiene, Detergents, Sanitisers and Masks | <input type="checkbox"/> Freight Forwarding and other Logistic Activities |
| <input type="checkbox"/> Nursing Homes and Medical Care Providers | <input type="checkbox"/> Licensed Telecom Operators |
| <input type="checkbox"/> Supply of food (including Bakeries, take away and home deliveries) | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Food production, farming (fruits, vegetables & livestock), food processing and beverages | <input type="checkbox"/> Petrol Stations and Cooking Gas distribution |
| <input type="checkbox"/> Supermarkets and associated supply chains (including online | <input type="checkbox"/> Banks, Insurance and other Financial Services |
| | <input type="checkbox"/> Tourism |
| | <input type="checkbox"/> Airlines |
| | <input type="checkbox"/> Port and Airport related activities |
| | <input type="checkbox"/> Press, Media and associated services |
| | <input type="checkbox"/> Transport Industry including Taxis |
| | <input type="checkbox"/> Security Guards and Watchmen |
| | <input type="checkbox"/> Others, <i>please specify</i> |

Employees

Total Number of employees: Number of employees to attend duty on-site:

Employers are requested to submit details of the employees to be allowed to attend duty on-site as per **Annex I**.

Undertaking

I hereby certify that this activity is essential to the functioning of my organisation and shall comply with all guidelines issued by the Ministry of Health and Wellness on COVID-19

Name of Applicant: Capacity:

Date: Signature:

COVID-19 WORK ACCESS PERMIT

For office use only

Approved by Commissioner of Police on conditions set out in **Annex II**.

Name

Signature:.....

Work Access Permit No.

Date:.....

Office Seal

List of Employees allowed to attend duty on site

S/N	Full Name	Identity Card/ Passport Number	Residential Address	Place of Work	Mobile Number

**MAURITIUS POLICE FORCE
COVID-19 WORK ACCESS PERMIT**

CONDITIONS ATTACHED TO THE WORK ACCESS PERMIT

1. This permit is valid for the sole purpose of allowing the holder to travel from his residence to his place of work and back.
2. A person who contravenes any conditions attached to this permit shall commit an offence and on conviction will be liable to sanctions.
3. The conditions in this permit may be varied and additional conditions may be imposed at any time.
4. This permit will automatically lapse in case of non-compliance with any of the conditions attached to it.
5. This permit may be revoked at any time.
6. The holder should always be in possession of this permit together with the list where his/her name has been endorsed and his/her Identity Card/Passport which should be produced to any Police Officer on demand.
7. This permit is not transferrable.

XXXXXXXXXXXXXXXXXX