



MINISTRY OF ARTS AND CULTURE

7th Floor, Renganaden Seeneevassen Building

Cnr Pope Hennessy & Maillard Streets,

Port Louis, Republic of Mauritius

Telephone: 212 2112 Fax: 211 0681

E-Mail : macdoc@govmu.org Website : <http://culture.gov.mu>

REGISTRATION FORM

OBJECTIVE: *To compile a Database of Mauritian Artists, Creators and Performers*

A. GENERAL INFORMATION

- I. Title (Mr. / Mrs. / Miss) :
- II. Surname :
- III. Other Name :
- IV. Name of Group :
- V. ID No. :
- VI. Address for all correspondence :
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- VII. Present Occupation :
- VIII. Telephone :
- a. Residence:
- b. Place of Work
- c. Mobile
- IX. Fax :
- X. E-Mail :

B. DISCIPLINE

Tick as appropriate

- | | | | |
|-------------|--------------------------|--------------|--------------------------|
| Music | <input type="checkbox"/> | Cinema | <input type="checkbox"/> |
| Dance | <input type="checkbox"/> | Literature | <input type="checkbox"/> |
| Visual Arts | <input type="checkbox"/> | Architecture | <input type="checkbox"/> |
| Theatre | <input type="checkbox"/> | Others | <input type="checkbox"/> |

Please provide details:

C. AREA OF SPECIALISATION

I. Give brief statement of the area of specialization within each discipline
 (Example: classical or modern music/dance, painting, photography, sculpture, etc)

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D. QUALIFICATIONS

| ACADEMIC/ TECHNICAL QUALIFICATIONS (If any) | UNIVERSITY/ INSTITUTION | YEAR | | OTHER QUALIFICATIONS | WORKSHOP/ SEMINARS ATTENDED | YEAR | |
|--|----------------------------|------|----|-------------------------|-----------------------------------|------|----|
| | | FROM | TO | | | FROM | TO |
| | | | | | | | |
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E. DETAILS

I. Do you provide training to others in your field of activity? If yes, please give details.

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II. Do you perform/exhibit in

Solo Duo Group

III. Please submit a list of your creations/productions.

| SN | CREATION/PRODUCTION |
|----|---------------------|
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Please attach additional information if required.

F. INTERNATIONAL PARTICIPATION

Please list the international events in which you have participated.

| SN | EVENT | COUNTRY | YEAR |
|----|-------|---------|------|
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G. REGISTRATION

I. Are you registered with the Mauritius Society of Authors? (MASA)
 Yes No

In the affirmative, please provide Registration No. :

II. Are you registered with any other Local or International institution/body? Please specify.

| SN | INSTITUTION/BODY REGISTERED WITH | YEAR OF REGISTRATION | OTHER DETAILS |
|----|----------------------------------|----------------------|---------------|
| | | | |
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| | | | |
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H. ANY OTHER RELEVANT INFORMATION

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I. REFEREES

| Referee 1 | Referee 2 |
|-------------------|-------------------|
| Name: | Name: |
| Occupation: | Occupation: |

J. COMMITMENT AND SIGNATURE

I agree / do not agree that the Ministry publishes/communicates the following information, name, address and telephone number for professional purposes, in the Directory of Artists.

I certify, in good faith, that the information provided on this form is accurate.

Signature of artist: Date:

FOR OFFICIAL USE

Received by: Designation:

Date:

*Ministry of Arts and Culture
Republic of Mauritius*

***Documents to be produced for application of
Registration as Artist Certificate***

- i. Copy of Identity Card of applicant;
- ii. Copy of Identity Card of group members (if applicable);
- iii. Documentary evidence such as press cuttings, testimonials, projects/portfolios, photos in the field applied/specialized; and
- iv. Business Registration Certificate in respect of the Group (if applicable).