

## **Guidelines for Family Occupation Permit**



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*Issued under section 5(2)(ca) of the Economic Development Board Act 2017  
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## 1 Introduction

These Guidelines are issued under section 5(2)(ca) of the Economic Development Board Act 2017. The purpose of these Guidelines is to set out the procedures concerning applications for Family Occupation Permits.

## 2 The Family Occupation Permit

The Family Occupation Permit is established under section 14 of the Immigration Act 2022 and section 13(1)(b) of the Economic Development Board Act 2017. Under a Family Occupation Permit, an applicant, his/her spouse, dependent child, parent, other dependent or such other person working exclusively for the family unit may on application, become a resident of Mauritius for a period of 10 years.

The applicant and his/her spouse would be allowed to work and/or invest in Mauritius. Moreover, other persons working for the family unit may, upon approval of the Director-General of Immigration, take up employment with the applicant for the purpose of attending to the needs of the family.

## 3 Eligibility Criteria

The criterion below must be satisfied for a Family Occupation Permit:

*A contribution of USD 250, 000 or its equivalent in freely convertible foreign currency to the COVID-19 Projects Development Fund.*

## 4 Application Process

1. The duly filled application form, supported by relevant documents specified in the checklist, must be submitted to the Economic Development Board (EDB) by email on [op@edbmauritius.org](mailto:op@edbmauritius.org).
2. The main applicant will receive an acknowledgement by email from the EDB upon receipt of the application.
3. The application would be referred for completeness. In case of any missing document or where additional information is required, a request for clarification will be made to the main applicant by e-mail.

4. Once approved, an 'Approval in Principle', valid for 90 days, will be issued to the applicant by email.
5. The applicant shall make necessary arrangements within the period of 90 days to transfer USD 250,000 into the COVID-19 Projects Development Fund.
6. Once the amount has been credited and upon presentation of proof of transfer of USD 250, 000 into the COVID-19 Projects Development Fund, the applicant will be called by EDB for an appointment for the verification of the original documents.
7. During the appointment -
  - (i) the applicant, and all those applying under the Family Occupation Permit (except any dependent child) must be present for personal identification and for the issuance of the Family Occupation Permit.
  - (ii) the applicant shall produce the original of all documents listed in the checklist.
  - (iii) payment of permit fees, as described at Paragraph 6 below.
8. Once the original documents and the application are found to be in order, the EDB will register the applicant and issue a registration certificate to the main applicant. The Director-General of Immigration will then issue the 10-Year Family Occupation Permit and the Unique Identification (UID) card(s).

## 5 Deregistration

If at any time, the main applicant intends to terminate his/her Family Occupation Permit or for any family member or any individual working for the family unit, he/she should immediately inform in writing the Chief Executive Officer of the EDB, for deregistration.

Upon deregistration, the concerned persons shall leave the country within a period of three months or within such reasonable time as the Director-General of Immigration considers appropriate.

## 6 Permit Fees

The table below refers to the application fee for the Family Occupation Permit: -

Category	Application Fee (USD)
a) Main applicant	1,000
b) Spouse, dependent child, parent or other dependent of main applicant (per person)	400
c) Individuals working for the family unit (per individual)	400

Payments of the respective fees should be effected after issuance of the 'Approval in Principle' e-mail through Internet Banking/Bank Transfer (in USD) to the Accountant-General USD Account No. 03401000028 at the Bank of Mauritius.

Details of the Accountant-General USD and the Correspondent Bank that will be required for Internet Banking/Bank Transfer are as follows:

**Beneficiary's Details:**

Account Name:	<b>Accountant- General USD Account</b>
Account No:	<b>03401000028</b>
IBAN No:	<b>MU16 BOMM 0101 0340 1000 0280 000USD</b>
Bank Name:	<b>Bank of Mauritius</b>
BIC/Swift Code:	<b>BOMMMUPL</b>

**Correspondent bank details required for transfer of funds:**

Account Name:	<b>Bank of Mauritius</b>
Correspondent Bank:	<b>Federal Reserve Bank of New York, New York</b>
Account Number/ABA No.:	<b>021084953</b>
Swift Code:	<b>FRNYUS33</b>

**Note:**

- The Applicant will be required to put as **reference** his "**Application Number**" (provided by EDB e.g **EDB\_FOP\_2022\_XXXX**) and his "Full Name" when effecting the payment of fees through Internet Banking/Bank Transfer; and
- After effecting payment, the applicant will be required to provide as proof of payment (extract of bank statement/ E-Advice/ swift message) by email.

- c Appointment will be scheduled ONLY upon receipt of funds.
- d. All Charges would be borne by remitter.

## 7 Payment Process

The Applicant will be requested to transfer the sum of USD 250,000 to:

### **Beneficiary's Details:**

Account Name	: Covid-19 Projects Development Fund
Account Number	: 01401000073
IBAN No	: MU33BOMM0101014010000730000MUR
Bank Name	: Bank of Mauritius
BIC/Swift Code	: BOMMMUPL

### **Correspondent Bank Details required for transfer of funds:**

Account Name	: Bank of Mauritius
Correspondent Bank	: Federal Reserve Bank of New York, New York
Account Number/ABA No	: 021084953
Swift Code	: FRNYUS33

The Applicant will be required to use his "Application Number, (EDB\_FOP\_2022\_XXX)" as reference and make mention of "Family Occupation Permit Contribution" in the Swift Message for the transfer to facilitate the identification of receipt of funds in the bank statement of the Covid-19 Projects Development Fund.

All Charges would be borne by remitter.

The applicant will also be requested to provide the following as proof of transfer by email:

1. Transfer Instruction to his banker;
2. A copy of Swift Message in details from his banker for the transfer; and
3. An extract of his bank statement showing the amount transferred.

## 7 Important Note

The contribution of USD 250,000 to the COVID-19 Projects Fund is non-refundable.

## 8 Checklist

<b>Documents</b>	<b>Documents for Approval in Principle</b>	<b>Originals to be presented on Appointment</b>
Duly filled-in application form and signed undertaking by the main applicant	✓	✓
Passport Bio data	✓	✓
Last entry visa page of applicants		✓
Birth Certificate (English/French)	✓	✓
Marriage Certificate/Divorce Certificate(English or French)where applicable	✓	✓
Receipt (Swift message) from COVID-19 Projects Development Fund		✓
Justification letter to explain the reasons for recruiting the person working for the family unit	✓	✓
Character Certificate of applicants from country of origin or residence valid for a period of six (6) months (exception for minors)	✓	✓
Medical Certificate certifying that applicants are free from any contagious and infectious diseases		✓
Detailed Medical Reports from local Doctor in Mauritius(less than six (6) months old)		✓
3 Colour passport size photograph (of less than six months old- 3.5cmx 4.5cm)		✓
Permit fees(Refer to Section 6)		✓

## UNDERTAKING

### TO BE FILLED AND SIGNED BY THE APPLICANT

This is to certify that I, Mr /Mr/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: .....



## SECTION 5 - UNDERTAKING

TO BE FILLED AND SIGNED BY THE EMPLOYER OF THE PROFESSIONAL

This is to certify that .....  
(NAME OF COMPANY)  
 proposes to employ Mr /Mrs / Miss.....  
(NAME OF EMPLOYEE)  
 of ..... nationality in the capacity of  
 ....., for a duration of  
 .....months/years in the establishment situated at  
 .....  
 .....on the terms and conditions mentioned in the enclosed contract of  
 employment. He/she will draw a basic salary of Rs ..... a  
 month.

The Company undertakes that, in respect of employment of the above-named  
 expatriate, it will meet any expense or charge likely to be incurred for the  
 maintenance, support or the repatriation of the holder of the occupation  
 permit to his/her/ country of origin / residence on termination of the  
 contract of employment or for any other reason whatsoever.

Name in full: .....

Designation: .....

Tel No:..... Fax No: .....

Email: .....

Date: ..... Signature: .....

Seal Company:



# MEDICAL CERTIFICATE

(To be filled by a Registered Medical Practitioner in Mauritius)

## 1. PERSONAL DETAILS

Reference No. \_\_\_\_\_

Surname \_\_\_\_\_  
Other Names \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_\_\_  
Nationality \_\_\_\_\_ Passport No. \_\_\_\_\_  
Occupation \_\_\_\_\_  
In Mauritius Address Tel \_\_\_\_\_ No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Address in Country of Origin \_\_\_\_\_

## 2. MEDICAL EXAMINATION

General Medical Examination \_\_\_\_\_  
Cardiovascular System \_\_\_\_\_  
Respiratory System \_\_\_\_\_  
Alimentary System \_\_\_\_\_  
Urinary System \_\_\_\_\_  
Central Nervous System \_\_\_\_\_  
Past Medical History (if any, please give details) \_\_\_\_\_

## 3. INVESTIGATIONS

Hepatitis B Surface Antigen Test (attach report) \_\_\_\_\_  
HIV test (attach report) \_\_\_\_\_  
Chest x-ray (attach radiologist's report) \_\_\_\_\_  
Lymphatic Filariasis (attach report) (See Note 1) \_\_\_\_\_  
Leprosy (attach report) (See Note 2) \_\_\_\_\_  
Any other investigation: \_\_\_\_\_

## 4. REMARKS: \*(Please tick appropriate box below)

I hereby certify that this applicant **IS** ☐ **IS NOT** ☐ suffering from any infectious or communicable disease.

Full Name of Doctor \_\_\_\_\_  
Address \_\_\_\_\_  
Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(For further details, please see overleaf)

## Medical Certificate

All non-citizens are required to do a set of compulsory medical tests as set out below:

1. Blood tests for:
  - a. Haemoglobin and Full Blood Count
  - b. Hepatitis B Surface Antigen
  - c. Anti-HIV screening test for AIDS
  - d. VDRL test
  - e. Urine tests for albumin and sugar
  - f. Stool test for parasites
  - g. Chest x-ray
  - h. Lymphatic Filariasis
  - i. Leprosy
2. Leprosy test is restricted to Indian nationals only, where the consulting Doctor should add on the Medical Certificate that the person is not suffering from Leprosy.
3. Lymphatic Filariasis test is required only to non-citizens coming from: India, Bangladesh, Madagascar, Brazil, Comoros, Ivory Coast, Ghana, Indonesia, Kenya, Mozambique, Nepal, Nigeria, Philippines, Tanzania, Uganda & Vietnam.

Out of these tests, the following three tests should compulsorily be done in Mauritius: (i) Hepatitis B Surface Antigen, (ii) HIV and (iii) Chest x-ray.

These tests may be done at any private local medical laboratory or clinic registered with the Ministry of Health and Wellness. Indicative list of private clinics and laboratories are annexed.

The remaining tests may be done in the applicant's country before coming to Mauritius or in Mauritius itself.

Some key notes:

- All the tests results should be submitted to a local doctor who will issue a medical certificate after an examination. The medical certificate and the reports for the three tests done in Mauritius (HIV, Hepatitis B Surface Antigen and chest x-ray) must be submitted at time of application.
- No application for Occupation Permit will be accepted if there is evidence that the applicant is suffering from any infectious or contagious disease.
- Medical tests should have been done no longer than six months before date of submission of an application.
- The chest x-ray should be signed by a radiologist.
- Children who are below 12 years will have to submit a Medical Certificate after undergoing a clinical examination. Appropriate medical investigations including a Chest x-ray and blood test should be carried out only if required by the doctor.
- If there is evidence that an applicant suffers from any infectious or contagious disease, his/her application for an RP/OP would not be accepted.

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[www.residency.mu](http://www.residency.mu)

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Port Louis- Mauriitus  
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Fax: + 230 210-9322  
Email: [pio\\_occupation@govmu.org](mailto:pio_occupation@govmu.org)  
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***Disclaimer***

*These guidelines may be subject to changes at any time. Any other information or document not listed above may be requested depending on the application. Whilst care has been taken to ensure that the information provided herein is accurate and correct at the time of publication, users of this publication are advised to seek guidance from the Economic Development Board in case of uncertainty or ambiguity encountered in reading this manual. The Economic Development Board shall, in no circumstances whatsoever, be held liable to any person arising from use of information contained herein.*