

MINISTRY OF HOUSING AND LANDS

**50% reduction in rental for hotel for renovation/reconstruction works
(As per Section 8 Part 2 of the Second Schedule of the State Lands Acts)**

APPLICATION FORM

PART A

1. Name of Lessee:

.....

Authorised representative of lessee :.....

.....

Address:.....

.....

Contact details:

Office:.....

Mobile:

Fax No.:.....

Email Address:

2. Name of hotel:.....

Address:.....

3. Extent of land leased :.....m²

4. Type of activity to be undertaken (Tick as appropriate)

(i) Renovation

(ii) Reconstruction

5. Total amount of Investment (Rs) :.....

a. Locals (Rs) :

b. Foreign Sources (Rs) :

6. Labour Legislation Applicable:

7. Labour Force

(a) Actual:

| <u>Expatriate</u> | | <u>Mauritian</u> | |
|-------------------|--|------------------|--|
| Male | | Male | |
| Female | | Female | |
| Total | | Total | |

(b) No. of employees concerned by the renovation:

| <u>Expatriate</u> | | <u>Mauritian</u> | |
|-------------------|--|------------------|--|
| Male | | Male | |
| Female | | Female | |
| Total | | Total | |

(c) Additional jobs to be created (if any) :

8. Arrangements made with employees during period of reconstruction/renovation:

- (a) Whether employees were required to work during the period of renovation;
- (b) Nature of work performed by employees during the period of renovation;
- (c) Whether all employees were remunerated fully during the period of renovation;
- (d) Whether the services of all employees were safeguarded and preserved during the period of renovation; and
- (e) Whether there has been any break in the continuity of service of the employees who were not provided with work during period of renovation.

9. Date of Closure of hotel:.....

Starting date of reconstruction/renovation:.....

Completion date:.....

Date of restart of operation:.....

Schedule of works (in the form of a GANTT Chart) to be included.

10. In case of reconstruction, please provide the following additional details:

- (i) room size:
- (ii) plot coverage:
- (iii) building height:
- (iv) elevations:

11. Number of rooms:

Before reconstruction/ renovation:; After reconstruction/renovation:

12. Project justification:.....
.....

13. Description of works:.....
.....
.....

Signature:

Full name:

Date :.....

PART B. For office use only

File Ref. :.....

Received on :.....

By (Name of Officer) :.....

(Signature) :.....

(To be filled according to the guidelines)

**Note: The Ministry has to be notified in writing of major changes in the information provided at date of application.*