

Application for Renewal of Registration as a Local Contractor (Form RG14)

Section A

Name of Applicant			
Current Registration Reference(s) with CIDB	Certificate of registration to be renewed (Applicant should indicate the registration reference(s) for certificates to be renewed for forthcoming year)		
	CT/___/L/___-	CT/___/L/___-	CT/___/L/___-

Section B

B.1 Business information: (Please fill-in details or select as appropriate)

<input type="checkbox"/> Individual (Sole Proprietorship) <input type="checkbox"/> Company <input type="checkbox"/> Co-operative Society <input type="checkbox"/> Other (Please Specify):		VAT Registration No: (if recently obtained) A copy should be submitted together with this application	VAT No.
Tel No.:		Mobile No.:	Fax No.:
E-mail address:		Physical Address:	Postal Address: (if different from Physical address):

B.2 Authorised Contact Person:

Mr/Mrs/Ms:		Surname:		First Name:	
Designation:		Tel No.:		Identity Document No. /Passport No.	
Mob. No.:		E-mail address:			

B.3 Eligibility:

B.3.1 Has the Applicant been subject to Insolvency, Bankruptcy or placed under Liquidation or Judicial Management since last renewal? If 'Yes', please give details below: (tick as appropriate)
 (Yes) (No)

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B.3.2 Has the Applicant been debarred and/or suspended by a local or international body since last renewal? If 'Yes', please give reasons for debarment and/or suspension. (Yes) (No)

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B.3.3 Has any of the principals, associates or partners of the Applicant been found guilty of professional misconduct by a recognised professional body since last renewal? If 'Yes', please give details. (Yes) (No)

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B.3.4 Has the Applicant been convicted for an offence involving fraud or dishonesty since last renewal? If 'Yes', please give details. (Yes) (No)

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B.3.5 Has the Applicant abandoned any of its construction works since last renewal? If 'Yes', please give details. (Yes) (No)

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Section C

C.1 Directorship of the Firm: *(Applicable to Companies/Firms only)*

Has there been a change in Directorship of the firm since last renewal?
(Yes) (No)

If yes, please give details in the table below for "New Directors" and "Former Directors".

Surname of Director	First Name of Director	Citizenship	Designation <i>(Applicant to indicate whether "New Director" or "Former Director")</i>

(Please use additional sheets if required)

C.2 Shareholding of the Firm: *(Applicable to Companies/Firms only)*

Has there been a change in the Shareholding of the firm since last renewal?
(Yes) (No)

If yes, please give details in the table below for "New Shareholder(s)" and "Former Shareholder(s)".

Surname of Shareholder	First Name of Shareholder	Citizenship	Applicant to specify whether "New Shareholder(s)" or "Former Shareholder(s)"	Identity Document No. /Passport No.	% Shareholding

(Please use additional sheets if required)

C.2.1 Details of Shareholding

Shareholders	% Shareholding
Total Mauritian Shareholding	
Total Non-Mauritian Shareholding	

Section D

D.1 Financial Standing: *(Information provided in the table below should be as per the last Financial Statements, audited if available)*

Year	Turnover (MUR)	Current Assets (MUR)	Current Liabilities (MUR)	Net Profit After Tax (MUR)	Depreciation (MUR)	Long-term Liabilities (MUR)

Section E

E.1 Turnover for Construction Works since last renewal

Year	Breakdown of Turnover (MUR)						Total Turnover (MUR)
	Building Construction Works	Civil Engineering Construction Works	Mechanical, Electrical and Plumbing Works (MEP Works)	Electrical Works	Mechanical Works	Specific Works	

Section F: Human Resources

F.1 Qualified Personnel: Provide information in the format below on every 'Qualified Personnel' in the field of 'Architecture', 'Engineering', 'Quantity Surveying' and 'Project Management in Construction'. (State 'FT' for full-time and 'PT' for part-time).

No	Surname	First Name	Citizenship	Designation	Qualification	FT/ PT	Years of Exp.	Professional Registration		
								Professional Body	Reg. Yr.	Reg. No.

(Please use additional sheets if required)

F.2 Technical & Administrative Staff

Category	Mauritian (No.)	Foreign (No.)	Category	Mauritian (No.)	Foreign (No.)
Technical / Supervisory Staff (Degree holder)			Non-Qualified Technical/Supervisory staff		
Technical / Supervisory Staff (Diploma holder)			Competent person for scaffolding supervision		
Occupational Safety & Health officers			Skilled Labour Force (Masons, Plumbers, etc)		
Administrative Staff			Unskilled Labour Force		
Total			Total		

(Please use additional sheets if required)

Section G

G.1 Projects Undertaken since Last Renewal

SN	Name of Project & Project Brief	Name of Client	Date of Award	Contract Value (MUR) (Excl. VAT)	Status (% Completion)*

*If 100% completed, Applicant to also specify Date of Completion. (Please use additional sheets if required)

Section H

H.1 State the number of projects which were subject to 'Termination of Contract', 'Arbitration' or 'Legal Proceedings' since last renewal. (Please provide and attach all the necessary documentation).



Section I: Declaration *(by Authorised Signatory)*

I, *(Name of Authorised Signatory)*..... (Identity Document No./Passport No.:.....) do hereby declare that the information given in this Application Form and the information submitted in the documents attached hereto are to the best of my knowledge true and correct.

I authorise the Construction Industry Development Board to conduct any inquiry if required, from a third party in order to verify the accuracy of the information provided.

I understand that any false declaration or misstatement with respect to this application is an offence which may result in fine and imprisonment and/or rejection of this application and/or cancellation/suspension of any other registration with the Board in accordance with the Construction Industry Development Board Act and Regulations thereunder.

I hereby *(please delete as appropriate)* **AUTHORISE / DO NOT AUTHORISE** the Construction Industry Development Board to publish our following contact details on its website:

Business Address:
E-mail: Website:
Telephone No.: Mob. No.:

Authorised Signature:
Designation:
Name:
Date:



Section J: Checklist *(Copy of documents to be submitted with Application. Original to be produced for verification)*

	Submitted by Applicant	Received (for office use)
1. VAT Registration Card <i>(if recently obtained)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trade Fee Receipt for Current Period	<input type="checkbox"/>	<input type="checkbox"/>
3. National Identity Document/Passport of Authorised Contact Person	<input type="checkbox"/>	<input type="checkbox"/>
4. National Identity Document/Passport of Shareholder(s)/Ultimate Beneficial Owner(s) <i>(If there been a change in the Shareholding of the firm since last renewal)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Shareholding details (e.g. Share register) of Ultimate beneficial Owner <i>(if applicable)</i> <i>(If there been a change in the Shareholding of the firm since last renewal)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identity Document/Passport of Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>
7. Power of Attorney/Board Resolution of Authorised Signatory <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section K: Remarks *(For Office Use)*

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(For Office Use)	(For Office Use)
Submitted by:	Received by:
Signature:	Signature:
Date:	Date: