

Application for Registration as a Local Contractor (Form RG6)

Section A

Name of Applicant				
Previous Registration reference(s) with the CIDB (if any)	CT/	CT/	CT/	CT/

Section B

Please select the Class(es) of Works and Grade(s) applying for:

Class of Works	Grade and Ceiling			
	Large <i>(No Limit)</i>	Medium I <i>(Rs 500 million)</i>	Medium II <i>(Rs 200 million)</i>	Small <i>(Rs 20 million)</i>
<input type="checkbox"/> Building Construction Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Civil Engineering Construction Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mechanical, Electrical & Plumbing Works (MEP Works)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mechanical Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electrical Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Specific Works <i>(Refer to Annex 1 in Notes to Applicant available on CIDB website at www.cidb.mu)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify:				

Section C

C.1 Applicant's Business Information: *(Please fill-in details or select as appropriate)*

<input type="checkbox"/> Individual <i>(Sole Proprietorship)</i> <input type="checkbox"/> Company <input type="checkbox"/> Co-operative Society <input type="checkbox"/> Other <i>(Please Specify):</i>	National Identity Card No. <i>(if applying as Individual):</i>	
	Date of Incorporation/Registration <i>(if applying as a Company or Firm) :</i>	
	Business Registration No :	
	VAT Registration No: <i>(if applicable)</i>	
Tel No.:	Mobile No.:	Fax No.:
E-mail address:	Physical Address:	Postal Address <i>(if different from Physical address):</i>

C.2 Authorised Contact Person:

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

C.3 Eligibility:

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

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

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

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

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C.3.5 Has the Applicant ever abandoned any of its construction works? If 'Yes', please give details. (Yes) (No)

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Section D

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

Surname of Director	First Name of Director	Citizenship	Please Specify "ED" for Executive Director and "NED" for Non-Executive Director

(Please use additional sheets if required)

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

D.2.1 Details of Shareholders

Surname of Shareholder	First Name of Shareholder	Citizenship	Identity Document No. /Passport No.	% Shareholding

(Please use additional sheets if required)

D.2.2 Details of Shareholding

Shareholders	% Shareholding
Total Mauritian Shareholding	
Total Non-Mauritian Shareholding	

Section E

E.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 F

F.1 Turnover for Construction Works within the last FIVE (5) years: *(Applicable to contractors seeking grades Large, Medium I & Medium II).*

(Applicant to provide copies of Financial Statements, audited if available, for the last five (5) years)

Year (in chronological order)	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	
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If Applicant is applying for more than one Class of Works, it should provide a breakdown of turnover to indicate the value of works allocated to each Class. (Please use additional sheets if required)

Section G: Human Resources

G.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)

G.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 H

H.1 Highest Value Projects (HVPs) completed within the last FIVE (5) years.

Project Title	Name of Client	Project Duration		If the Contract was undertaken under a JV, please specify Name(s) of Parties to the JV	If Works were subcontracted, please specify the Name(s) of the Subcontractor(s)	Total Contract Value (Currency..... excluding VAT)	Value of Works undertaken by Applicant Only (Currency..... excluding VAT)
		Start Date	Actual Completion Date				
HVP1							
HVP2							

(Please use additional sheets if required)

The following documentary evidence/information should be submitted:

- Copy of **Letter of Award/Contract Agreement and Completion Certificate** for 'each completed project', **OR 'Testimonials'** from Clients, or Consultants who have supervised the project. (Templates for testimonials may be downloaded from CIDB's website at www.cidb.mu).
Link: (<https://www.cidb.mu/CIDB-Templates-2021>)
- Details of at least **TWO (2)** Nos Highest Value Projects (HVPs) for **each Class of Works applied for** should be submitted and a minimum cumulative value of **MUR 800,000** should have been reached.
- Copy of **Building & Land Use Permit (BLUP)**, including the **Approved Construction Plans** if applying for "Building Construction Works".

H.2 Breakdown of the Value of Works of the TWO (2) Highest Value Projects (HVPs) given in Section H.1 above, in terms of [Please specify currency].

Project Title	Building Construction Works	Civil Engineering Construction Works	Mechanical, Electrical & Plumbing Works	Mechanical Works	Electrical Works	Specific Works	Total Value of Works undertaken by Applicant
HVP1							
HVP2							

(Please use additional sheets if required)

H.3 State the number of projects during the last five (5) years which were subject to 'Termination of Contract', 'Arbitration' or 'Legal Proceedings'. (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.

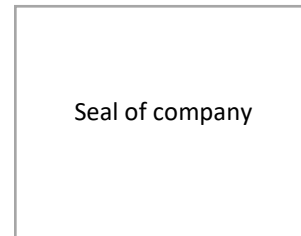
I authorise the Construction Industry Development Board to conduct any inquiry if required, from a third party in order to verify the accuracy of the information provided.

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	Processing fee <i>(MUR 2000 per Class of Works applied)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2	National Identity Card of Applicant <i>(if applying as Individual)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3	Certificate of Incorporation/Registration <i>(if applying as Company or Firm)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	Business Registration Card	<input type="checkbox"/>	<input type="checkbox"/>
5	Trade Fee Receipt for Current Period	<input type="checkbox"/>	<input type="checkbox"/>
6	VAT Registration Card <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	Proof of address	<input type="checkbox"/>	<input type="checkbox"/>
8	Identity Document/Passport of Authorised Contact Person	<input type="checkbox"/>	<input type="checkbox"/>
9	Identity Document/Passport of Shareholder(s)/Ultimate Beneficial Owner(s)	<input type="checkbox"/>	<input type="checkbox"/>
10	Shareholding details (e.g. Share register) of Ultimate beneficial Owner <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
11	Financial Statement for the last five (5) years (No.....) <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
12	Letter(s) of Award & Completion Certificate(s) for completed projects (No.....)	<input type="checkbox"/>	<input type="checkbox"/>
13	Testimonial(s) from Client(s) (No.....) and/ or Consultant(s) (No.....)	<input type="checkbox"/>	<input type="checkbox"/>
14	Building & Land Use Permit & Building Plans <i>(where applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
15	Identity Document/Passport of Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>
16	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)	(For Office Use) (Finance Section)
Submitted by:	Received by:	Amount paid: (MUR)
Signature:	Fees payable: (MUR)	Receipt No:
Date:	Signature:	Received by:
	Date:	Signature:
		Date: