

APPLICATION FOR REGISTRATION AS A CONSULTANT

SECTION A

Name of Applicant: [Note 1]

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Current Registration Reference with CIDB (if any)

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Information

This Form is also available at www.cidb.mu and may be filled in electronically. However it should be signed and submitted to CIDB, in hard copy together with all the relevant documents as per the attached checklist.

Applicant shall read the Construction Industry Development Board Legislation (available at www.cidb.mu) before completing the Application Form.

If space provided in any section of this Form is not sufficient, Applicant may attach supplementary sheets providing the information in the same format.

A Non-refundable Processing Fee of Rs 500 shall accompany the Application. Payment shall be either in cash or cheque payable to "Construction Industry Development Board".

CIDB shall not be held liable for any delay in processing the Application in case of incompleteness or inaccuracy of information.

SECTION B

Field applying for: [Note 2]

(Refer to Part A - Second Schedule [Regulation 3] of CIDB (Amendment of Schedule) Regulation 2018)

(Tick as appropriate)

- Architecture
- Environmental Engineering
- Interior Design
- Landscape Architecture
- Project Management in Construction
- Quantity Surveying
- Urban Planning
- Mechanical Engineering only
- Electrical Engineering only

- Civil Engineering

Field of Specialisation(if any)

- Structural Engineering
- Geotechnical Engineering
- Transportation Engineering
- Offshore Engineering
- Process Engineering
- Water Resources Engineering

- MEP Services

Field of Specialisation(if any)

- Building Services Engineering
- Process Engineering
- Fire Engineering

[Application in the Field of Architecture & Quantity Surveying shall be made in compliance with the Professional Architects' Council Act 2011 & the Professional Quantity Surveyors' Act 2013 respectively.]

SECTION C

1. Business Information

1.1 Business Registration *(Tick as appropriate)*

- Company/Firm Société/Partnership
 Other *(Specify):*

Date of Incorporation:

VAT Registration No.:

Business Registration No.:

Copy of
(i) Certificate of Current Standing of Firm issued by the Corporate & Business Registration Department,
(ii) Certificate of Incorporation,
(iii) VAT Registration Certificate,
(iv) Business Registration Card &
(v) Trade Fee Receipt for current period, shall be submitted

1.3 Authorized Contact Person

Mr/Mrs/Ms: First Name:

Surname:

Designation:

Tel No.: Fax No.:

Mobile No.:

E-mail Address:

1.4 Geographical Areas of Operation *(Tick as appropriate)*

- Mauritius Rodrigues/
Outer Islands

Other Countries *(specify):*

1.2 Contact Details

Telephone No.: Fax No.:

E-mail Address:

Website:

Physical Address:

Postal Address:

1.5 Is applicant registered with any Professional Registration Body in other Countries?

Yes No

If yes, please give the following details

Registered as:

Name of Professional Body:

Contact Details of Professional Body

Physical Address:

Email Address:

Tel No.:

Copy of Certificate of Registration issued by the Professional Body shall be submitted.

1.6 Has applicant ever been subject to Insolvency, Bankruptcy or placed under Liquidation or Judicial Management?

Yes No

If yes, please give a Brief Statement thereof.

1.7 Has applicant ever been debarred or suspended as a Consultant?

Yes No

If yes, please give details in the annexed Debarment/ Suspension Data Sheet **[RG1A]**

2. Professional Indemnity Insurance

Name of Insurance Company:

Amount of Cover:

Copy of Current Professional Indemnity Insurance Cover shall be submitted.

3. Directorship of Firm [Note 3]

Name of Directors	Address	Citizenship	Professional Qualification	Status of Directors ¹	Other Directorship ²

¹ State 'ED' for Executive Director and 'NED' for Non-Executive Director

² State Name of other Consultancy Firm in which incumbent is also a Director

4. Shareholdings [Note 4]

Name of Shareholders	Address	Citizenship	Professional Qualification	Directorship*	% Shareholding

* If shareholder is also a Director of the Firm, please state 'ED' for Executive Director and 'NED' for Non-Executive Director
Copy of Certificate of Professional Registration, shall be submitted
Copy of ID cards/Passports of all shareholders, shall be submitted

SECTION D

Human Resources [Note 5]

Provide information in the format below on the Chief Executive Officer and every Qualified Personnel of the Firm

SN	Name	Citizenship	Designation	Qualification	FT/PT*	Years of Experience	Professional Registration (Reg.)		
							Body	Reg. Year	Reg. No.

No. of Registered Professionals

* State 'FT' for Full Time and 'PT' for Part Time

Copy of a detailed CV of the Chief Executive Officer, detailed CV and Certificate of every Registered Professional, shall be submitted.
Copy of Organigram of Firm, shall be submitted.

SECTION E

Complete this Section **ONLY** if you are applying for registration in the Field of Project Management in Construction

Is Firm Registered with any Association of Project Management?

Yes No

If Yes, provide Name of Association & Contact details.

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Copy of documentary evidence for registration shall be submitted.

Project Management Services provided in the last 3 years [Note 6]

Project Title	Name of Project Manager	Project Value (Rs) <small>(VAT exclusive)</small>	Start & End Dates	Client's Name & Contact Details

Particulars in respect of every Project Manager listed above shall be given in the annexed Project Manager's Data Sheet [RG1B].

Copy of Letter of Appointment for every Project shall be submitted.

SECTION F

Project completed in the last 3 years

Field of Consultancy Services	N° of Projects		
	Year (in Chronological Order)		
	20....	20....	20....
Architecture			
Civil Engineering			
<i>Structural Engineering</i>			
<i>Geotechnical Engineering</i>			
<i>Transportation Engineering</i>			
<i>Offshore Engineering</i>			
<i>Process Engineering</i>			
<i>Water Resources Engineering</i>			
Environmental Engineering			
Interior Design			
Landscape Architecture			
MEP Services			
<i>Building Services Engineering</i>			
<i>Process Engineering</i>			
<i>Fire Engineering</i>			
Mechanical Engineering			
Electrical Engineering			
Project Management in Construction			
Quantity Surveying			
Urban Planning			

Details of each project completed in the last 3 years shall be given in the annexed Project Description Sheet [RG1C]

2. State number of Projects during the last 3 years which were subject to Termination of Contract/ Arbitration/ Legal Proceedings

Details of each Project which were subject to Termination of Contract/ Arbitration/ Legal Proceedings in the last 3 years shall be given in the annexed Statement of Termination of Contract/ Arbitration/ Legal Proceedings. [RG1D]

SECTION G

1. Training Facilities

Does the Firm have in-house training facilities?
 Yes No

Provide a Statement with full details of the in-house training facilities.

2. Quality Management System [Note 7]

(Tick as appropriate)

	Yes	No
(i) Is there any Quality Management System in the Firm?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Is the Quality Management System certified by a Third Party Certification Body?	<input type="checkbox"/>	<input type="checkbox"/>

A Brief on the Quality Management System and copy of Certificate of Registration from the Third Party Certification Body shall be submitted.

3. Occupational Safety and Health

(Tick as appropriate)

Name of Occupational Safety and Health Officer(s) <i>(if any)</i>	Full Time	Part Time
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

(by Authorized Signatory)

I do hereby declare that the
(Full Name in BLOCK Letters)
information given on this Application Form and the information submitted in the documents attached hereto are to the best of my knowledge true and correct.

I authorize the Construction Industry Development Board to conduct any enquiry if required, from any 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.

Authorized Signature:

Name:

Designation:

Date:

Seal of Company

DEBARMENT/SUSPENSION DATA SHEET (Section C)

(to be filled in for each Debarment/Suspension)

Sheet No.:

Has applicant been:

Debarred Suspended

Title of Project that led to the Debarment/Suspension:

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Details of the Authority imposing the Debarment/Suspension:

Name:

Address:

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Tel No.: Fax No.:

Email Address:

Country:

Period of Debarment/Suspension: From: To:

Grounds of Debarment/Suspension:

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PROJECT MANAGER'S DATA SHEET (Section E)

Sheet No.:

(to be filled in for each Project Manager)

Surname:

First Name:

ID Number:

Address:

Date of Appointment in Applicant's Firm:

1. QUALIFICATION IN PROJECT MANAGEMENT

(Tick as appropriate)

- A** (i) Degree in Project Management
- (ii) Equivalent qualification to Degree in Project Management

Specify exact qualification:

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Duration of Degree, No. of years:

Name and Country of University:

- B** (i) Post Graduate Degree in Project Management
- (ii) Equivalent qualification to Post Graduate Degree

Specify exact qualification:

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Duration of Post Graduate Degree, No. of years:

Name and Country of University:

- C** Registered as
- Architect Engineer Quantity Surveyor

- D** Diploma in any Construction Field or any other Degree
- Specify exact qualification:*
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Name and Country of University:

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- E** Registration with any Association of Project Management
- Name and Contact details of Association:*
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No. of years of relevant Practical Experience in the Construction Industry

Post Qualification

Post Registration:

Track Records in Project Management

Title & Description of Project	Client's Name & Contact Details	Year <small>(in chronological order)</small>

A Brief Statement on any Litigation/Arbitration or Legal Proceedings on any of the above mentioned Project shall be submitted.

PROJECT DESCRIPTION SHEET *(Section F)*

(to be filled in for each Project)

Sheet No.:

Project Title:

Field of Consultancy Services:

Field of Specialisation (if any):

Name and Contact Details of Client:

Start Date: Completion Date:

Detailed Description of overall Project:

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Checklist

Copy of documents to be submitted with Application
Original to be produced for verification purpose

(Tick as appropriate)

**Submitted by
Applicant**

**Received
(for Office Use)**

1. Certificate of Current Standing of Firm	<input type="checkbox"/>	<input type="checkbox"/>
2. Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
3. VAT Registration Certificate	<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. Registration Certificate from Foreign Professional Registration Body	<input type="checkbox"/>	<input type="checkbox"/>
7. Statement of Insolvency/Bankruptcy/Liquidation/Judicial Management	<input type="checkbox"/>	<input type="checkbox"/>
8. Debarment/Suspension Data Sheet <i>[RG1A]</i> (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
9. Current Professional Indemnity Insurance Cover	<input type="checkbox"/>	<input type="checkbox"/>
10. Detailed CV of Registered Professional	<input type="checkbox"/>	<input type="checkbox"/>
11. Certificate of Professional Registration (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
12. Organigram of Firm	<input type="checkbox"/>	<input type="checkbox"/>
13. Project Manager's Data Sheet <i>[RG1B]</i> (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
14. Letter of Appointments for Project Management Services (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
15. Project Description Sheet <i>[RG1C]</i> (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
16. Statement of Termination of Contract/ Arbitration/ Legal Proceedings <i>[RG1D]</i> (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
17. Statement of Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
18. Certificate of Registration from Third Party Certification Body for Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
19. Power of Attorney/Board Resolution of Authorized Signatory	<input type="checkbox"/>	<input type="checkbox"/>
20. Identity Cards/Passport of all Shareholders	<input type="checkbox"/>	<input type="checkbox"/>
21. Proof of Address(Utility Bills)	<input type="checkbox"/>	<input type="checkbox"/>

(FOR OFFICE USE)

Remarks

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Finance Section		
Submitted by:	Received by:	Amount Paid:
Signature:	Fees Payable:	Receipt No.:
Date:	Signature:	Received by:
	Date:	Signature:
		Date: