

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 Act and Regulations (available at www.cidb.mu) before completing the Application Form.

Construction Industry professionals are required to comply with provisions of the CRPE, PAC and PQSC Acts.

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 MUR 500 shall accompany the Application. Payment shall be either in cash or cheque payable to the "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.

Applicable to "Firms" only.

SECTION B

Field of specialisation applying for: [Note 2]

{Refer to Part A - Second Schedule [Regulation 3(a)] of CIDB (Amendment of Schedule) Regulations 2021}

(Tick as appropriate)

- Architecture
- Civil and structural engineering services
- Electrical engineering services
- Environmental engineering services
- Interior design
- Landscape architecture
- Mechanical, electrical and plumbing (MEP) engineering services
- Mechanical engineering services
- Project management in construction
- Quantity surveying
- Urban planning
- *Third Party Certification

*** Applicants who wish to seek registration in Third Party Certification should duly fill in the Third Party Certification's Data Sheet RG1C on page 10 and 11.**

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 academic qualification & professional registration of every 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 (MUR) <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 and structural engineering services			
Electrical engineering services			
Environmental engineering services			
Interior design			
Landscape architecture			
Mechanical, electrical and plumbing (MEP) engineering services			
Mechanical engineering services			
Project management in construction			
Quantity surveying			
Urban planning			
Third Party Certification			

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

SECTION I

Authorisation to publish contact details on the Website of CIDB.

(by Authorized Signatory)

Ihereby authorise/ not authorise the Construction Industry Development Board to publish our contact details on its Website. If you agree, please provide the following information.
(Full Name in BLOCK Letters) (delete as appropriate)

Business address:

E-mail:

Telephone No:

Fax No:

Website:

Authorised Signature:

Designation:

Date:

SECTION J

Consent to receive information from CIDB

Please tick the relevant boxes below if you agree to receive the following information concerning services offered by the Construction Industry Development Board.

I / We would like to receive information from the Construction Industry Development Board

I / We would like to receive information about services provided by the Construction Industry Development Board, including newsletters, information on training, via the following means:

E-mail

Post

Telephone Call

Mobile Text Message

(Please tick as appropriate and provide details)

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:

Details of the Authority imposing the Debarment/Suspension:

Name:

Address:

Tel No.:

Fax No.:

Email Address:

Country:

Period of Debarment/Suspension:

From:

To:

Grounds of Debarment/Suspension:

PROJECT MANAGER'S DATA SHEET *(Section E)*

Sheet No.:

(to be filled in for each Project Manager)

Surname:

First Name:

ID Number:

Address:

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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:

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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:

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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 <i>(in chronological order)</i>

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

THIRD PARTY CERTIFICATION'S DATA SHEET *(Section B)*

(To be filled by Consultant applying for registration in the field of specialisation of THIRD PARTY CERTIFICATION only)

A. Field of Services

[Note 8]

(Please Tick as appropriate the fields of services you provide / intend to provide)

Architecture

Design Verification Inspection Testing Other Services
(Please Specify)

Building / Structural Engineering

Design Verification Inspection Testing Other Services
(Please Specify)

Civil Engineering

Design Verification Inspection Testing Other Services
(Please Specify)

Mechanical Engineering

Design Verification Inspection Testing Other Services
(Please Specify)

Electrical Engineering

Design Verification Inspection Testing Other Services
(Please Specify)

Other Field of Services (please specify):

Design Verification Inspection Testing Other Services
(Please Specify)

B. Design Verification (Applicable to Applicants offering Design Verification Services)

1. Are you accredited for providing 'Design Verification Services'?

Yes No

If Yes, give details of Accreditation and attach certificate(s) of accreditation (if any):

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C. Testing Laboratories (Applicable to Applicants offering Testing Services)

1. Location of Testing Laboratories

Mauritius:

Overseas:

specify countries:

2. Are your Laboratories accredited to ISO/IEC 17025 (General requirements for the competence of the testing and calibration Laboratories)?

Yes No

(a) If Yes, please provide details as per table below and attach valid Certificate(s) of Accreditation.

SN	Name of Laboratories	Location	Accreditation Body
1			
2			
3			

(b) If No, indicate whether the laboratories have similar Accreditation?

Yes No

If Yes, please fill in the following table below: ***Please attach valid Certificate(s) of Accreditation.***

SN	Name of Laboratory	Location	Accreditation Received	Accreditation Body
1				
2				
3				

3. Do your Laboratories have other Accreditation?

Yes No

If Yes, please fill in the following table below: **Please attach valid Certificate(s) of Accreditation.**

SN	Name of Laboratory	Location	Accreditation Received	Accreditation Body
1				
2				
3				

D. Inspection Services (Applicable to Applicants doing Inspection)

1. Are you accredited to ISO/IEC 17020 (Requirements for the operation of various types of bodies performing inspection) as an Inspection Body?

Yes No

If Yes, please Tick your field of services

Architecture <input type="checkbox"/>	Building/Structural Engineering <input type="checkbox"/>	Civil Engineering <input type="checkbox"/>	Mechanical Engineering <input type="checkbox"/>	Electrical Engineering <input type="checkbox"/>	Other <input type="checkbox"/>
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If No, are you accredited by other Accreditation bodies?

Yes No

If Yes, please give details as per table below: **Please attach supporting documentary evidence.**

SN	Accreditation Received	Accreditation Body
1		
2		
3		
4		
5		

E. Projects

1. Projects Completed in the last 3 years **(Details of each Project Completed in last 3 years shall be given in separate sheets)**

Year (In Chronological Order)	Number of Projects.			
	Design Verification	Inspection	Testing	Other Services

2. Were the projects/contracts on which you were involved over the last 3 years subject to Termination of Contract/ Arbitration/Legal Proceedings?

Yes No

If yes, please give details

3. References

Please list three (3) of your existing or past customers in the table below (local or foreign) - including governmental/parastatal bodies (if any). **Attach additional sheets if required.**

SN	Name of Client	Nature of Services Provided	Contact Person	Phone N°.	Physical Address
1					
2					
3					

PROJECT DESCRIPTION SHEET (Section F)
(to be filled in for each Project)

Sheet No.:

Project Title:

Field of Specialisation:

Name and Contact Details of Client:

Start Date:

Completion Date:

Scope of services:

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STATEMENT OF TERMINATION OF CONTRACT/ ARBITRATION/LEGAL PROCEEDINGS (Section F)

(to be filled in for each Project)

Sheet No.:

Project Title:

Name and Contact Details of Client:

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Project Value (MUR):

(VAT exclusive)

Percentage of Consultancy Services provided until termination of contract:

Start Date: Termination 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. Registration Certificate from Foreign Professional Registration Body	<input type="checkbox"/>	<input type="checkbox"/>
6. Statement of Insolvency/Bankruptcy/Liquidation/Judicial Management	<input type="checkbox"/>	<input type="checkbox"/>
7. Debarment/Suspension Data Sheet <i>[RG1A]</i> (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
8. Current Professional Indemnity Insurance Cover	<input type="checkbox"/>	<input type="checkbox"/>
9. Detailed CV of Registered Professional	<input type="checkbox"/>	<input type="checkbox"/>
10. Certificate of academic qualification (No.:)	<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. Certificate of Accreditation (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
16. Third Party Certification's Data Sheet <i>[RG1C]</i>	<input type="checkbox"/>	<input type="checkbox"/>
17. Project Description Sheet <i>[RG1D]</i> (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
18. Statement of Termination of Contract/ Arbitration/ Legal Proceedings <i>[RG1E]</i> (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
19. Statement of Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
20. Certificate of Registration from Third Party Certification Body for Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
21. Power of Attorney/Board Resolution of Authorized Signatory	<input type="checkbox"/>	<input type="checkbox"/>
22. NIC / Passport of all Shareholder(s) / Ultimate beneficial owner(s)	<input type="checkbox"/>	<input type="checkbox"/>
23. Proof of Address (Utility Bills)	<input type="checkbox"/>	<input type="checkbox"/>
24. Shareholding details (e.g. share register) for ultimate beneficial owner (if applicable)	<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: