APPLICATION FOR RENEWAL AS A CONTRACTOR

SECTION A

Name of Applicant:

Current Registration Reference with CIDB

SECTION B

1 Business Information:

1.1 Contact Details

Mr/Mrs/Ms: ........................................ First Name: ..................................................
Surname: ..................................................................................................................
Designation: ..........................................................................................................
Tel No.: ........................................ Fax No.: ...........................................
Mobile No.: ..........................................................................................................
E-mail address: ......................................................................................................
Address: .............................................................................................................
Website: ..............................................................................................................

1.2 Has the applicant been subject to Insolvency, Bankruptcy or placed under Liquidation or Judicial Management since last registration?

Yes ☐ No ☐

If yes, please give details thereof.

1.3 Has the applicant been debarred or suspended by any local body or international body since last renewal?

Yes ☐ No ☐

If yes, please give details below.

1.4 Applicant need to provide an extract from the Corporate Business Registration Department (CBRD), available from link:

https://companies.govmu.org:4343/MNSOnlineSearch/

1.5 Applicant need to indicate below the current status of the firm.

Please tick as appropriate.

☐ Live ☐ Defunct

If ‘Live’, is the Applicant subject to an ‘Objection’?

Please tick as appropriate.

☐ Yes ☐ No

☐ If ‘Yes’, please give details thereof.

Information

This Form should be used ONLY where applicant is renewing application for the same Class, Grade and Areas of Specialisation.

This Form is also available at http://www.cidb.mu and must be filled, signed and submitted to CIDB, in hard copy together with all the relevant documents.

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

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

1. Has there been any change in Directorship of the firm since last renewal? Please specify  
   □ Yes  □ No

If yes, please give details in the Table below for new Directors and former Directors.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation (Applicant to indicate whether “Former Director” or “New Director”)</th>
<th>Citizenship</th>
<th>Professional Qualifications</th>
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</table>

* Please use additional sheets if required.

2. Has there been any change in Shareholding of the firm since last renewal? Please specify  
   □ Yes  □ No

If yes, please give details in the Table below of the former Shareholder(s) and new Shareholder(s).

<table>
<thead>
<tr>
<th>Name</th>
<th>Shareholder (Applicant to indicate whether “Former Shareholder” or “New Shareholder”)</th>
<th>Citizenship</th>
<th>% Shareholding</th>
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</table>

* Please use additional sheets if required

**SECTION D**

1. Financial Standing (Not applicable to Grade H Contractor).

The information provided in this Table should be as per the latest Financial Statements (preferably Audited).

<table>
<thead>
<tr>
<th>Year</th>
<th>Turnover</th>
<th>Current Assets (Rs)</th>
<th>Current Liabilities (Rs)</th>
<th>Net profit after Tax (Rs)</th>
<th>Depreciation (Rs)</th>
<th>Long-Term Liabilities (Rs)</th>
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</table>

* Copy of Financial Statements should be submitted.
SECTION E

1. Contracts undertaken since last renewal.

| SN | Name of Contract | Date of Award | Contract Amount (MUR) | Name of Client | Status of Contract (% completion) *
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</table>

* If 100% completed, Applicant to also specify the date of completion.

* Please use additional sheets if required.

2. Number of Contracts which were subject to Termination /Arbitration/ Legal Proceedings since last renewal. Please provide details for each of the Contracts, by using additional sheets.

SECTION F

1. Applicant to give details of Registered Professionals in full time employment with the Applicant.

<table>
<thead>
<tr>
<th>SN</th>
<th>Name</th>
<th>Citizenship</th>
<th>Registration Body (CRPE, PAC, PQSC, etc)</th>
<th>Registration No</th>
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Note: Registered Professional means an Architect, Engineer or Quantity Surveyor.

* Please use additional sheets if required.
SECTION G

1. Applicant to indicate the number of Persons employed on a full-time basis, part-time basis or on contract as per table below.

<table>
<thead>
<tr>
<th>SN</th>
<th>Category</th>
<th>Local</th>
<th>Foreign</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Degree holder in a Technical Field (other than Professionals)</td>
<td></td>
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<tr>
<td>2</td>
<td>Diploma holder (Qualified Technical Supervisory Staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Non-Qualified Technical/ Supervisory Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Administrative Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Occupational Safety &amp; Health Officers</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Skilled Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Unskilled Worker</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION H

1. Training

Applicant to indicate the % of HRDC grant ceiling allocated to training? ...................

2. Quality Management System (QMS)

(i) is there any Quality Management System in the Firm?  

(ii) is there any Quality Management System certified by a Third party Certification Body?

Please tick as appropriate.

Yes  No

3. Environmental Management System (EMS)

(i) is there any Environmental Management System in the Firm?

(ii) is there any Environmental Management System certified by a Third party Certification Body?

Please tick as appropriate.

Yes  No

4. Occupational Health and Safety Management System (OHSMS)

(i) is there any Occupational Health and Safety Management System in the Firm?

(ii) is there any Occupational Health and Safety Management System certified by a Third party Certification Body?

Please tick as appropriate.

Yes  No
SECTION I

Authorisation to publish contact details on the Website of CIDB.
(by Authorized Signatory)

I ............................................................. hereby authorise/ not authorise the Construction Industry Development Board
(Full Name in BLOCK Letters)  (delete as appropriate)

to publish our contact details on its Website. If you agree, please provide the following information.

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)
SECTION K

Declaration
(By Authorized Signatory)

I .................................................................................................................................................................................. do hereby declare that the

(Full Name in BLOCK Letters)

information given on this Form and the information submitted in the documents attached thereto are to the best of my

knowledge true and correct.

I authorize the CIDB 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 a fine and imprisonment and/or rejection of this application and/or cancellation/suspension of any registration

with the CIDB in accordance with the Construction Industry Development Board Act and Regulations.

Authorised Signature: .................................................................................................................................

Name: ..........................................................................................................................................................

Designation: ................................................................................................................................................

Date: ............................................................................................................................................................

Seal of Company

(FOR OFFICE USE)

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Submitted by: .................................................................................................................................................

Signature: .........................................................................................................................................................

Date: ..............................................................................................................................................................

Received by: ...................................................................................................................................................

Signature: ........................................................................................................................................................

Date: ..............................................................................................................................................................