

SECTION C

1. Business Information

1.1 Business Registration *(Tick as appropriate)*

Company/Firm Soci t /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 and 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.

1.2 Contact Details

Telephone No.: Fax No.:

E-mail Address:

Website:

Physical Address:

Postal Address:

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):*

1.5 Is applicant registered with any Registration Body ?

Yes No

If yes, please give the following details

Registered as:

Name of Registration Body:

Contact Details of Registration Body

Physical Address:

Email Address:

Tel No.:

Copy of Certificate of Registration issued by the Registration 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.

2. Insurance

Name of Insurance Company:

Amount of Cover:

Items Covered:

Copy of Insurance Policy shall be submitted.**3. Directorship of Firm** [Note 3]

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

¹ State 'ED' for Executive Director and 'NED' for Non-Executive Director² State Name of other company in which incumbent is also a Director**4. Shareholdings** [Note 4]

Name of Shareholders	Address	Citizenship	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**SECTION D****Financial Standing**

The information to be provided in this Table should be as per the last Audited Financial Statements.

Details	Year (.....)*
Currency	
Current Assets	
Current Liabilities	
Net Profit after Tax	
Depreciation	
Long-Term Liabilities	

State Year*Turnover over Last Five (5) Years**

Description	Year(.....)*	Year(.....)*	Year(.....)*	Year(.....)*	Year(.....)*
Turnover (MUR)					

SECTION E**1. Construction Materials**

SN	Construction Materials	Description of Material	Country of Origin	Applicant			Quantity Supplied over the last 2 years
				Importer	Manufacturer	Producer	
1	Aggregates						
2	Bitumen						
3	Cement						
4	Ready Mix Concrete						
5	Concrete Blocks						
6	Bricks						
7	Paint						
8	Waterproofing Materials						
9	Reinforcement bars						
10	Steel sections						
11	Aluminium						
12	Timber						

Notes: Additional Sheets may be used, if required. Relevant permits, for example importation permit, to be submitted.

2. Construction Plant and/or Equipment

SN	Construction Plant and/or Equipment	Description of Plant/Equipment	Country of Origin	Make, Model and Capacity(h.p)	Applicant		Quantity Supplied over the last 2 years
					Importer	Manufacturer	
1	Earth moving equipment						
2	Materials handling equipment						
3	Scaffolding			Not Applicable			

1. Additional Sheets may be used, if required.

2. Copy of Current Certificate of Insurance for each of the above items, shall be submitted.

SECTION F

References

Please list five (5) of your existing customers in table below (local or foreign) – including governmental/ parastatal bodies (if any).

Company Name	Contact Name	Phone Number	Address

SECTION G

Consent

Please tick the relevent boxes below if you agree to receive the following marketing information concerning services offered by the Construction Industry Development Board (CIDB):

- I / We would like to receive information from the Construction Industry Development Board (CIDB)

 - I / We would like to receive information about services provided by the Construction Industry Development Board (CIDB), including (but not limited to) newsletters, information on training, via the following channels:
 - E-mail
 - Post
 -
 -
 - Telephone Call
 - Mobile Text Message
- (please enter details)*

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

Checklist

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

(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 (Trade code 51107-Import and Export in BRN when applying under the category Importer)	<input type="checkbox"/>	<input type="checkbox"/>
5. Trade Fee Receipt for current period	<input type="checkbox"/>	<input type="checkbox"/>
6. Statement of Insolvency/Bankruptcy/Liquidation/Judicial	<input type="checkbox"/>	<input type="checkbox"/>
7. Management Current Insurance Cover	<input type="checkbox"/>	<input type="checkbox"/>
8. Permits for supplying Constructional Materials (No.:) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
9. Certificate of registration from a Third party Certification Body for Quality Management System (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
10. Power of Attorney/ Minutes of proceedings of Board Resolution authorising the Signatory	<input type="checkbox"/>	<input type="checkbox"/>
11. Identity cards/Passports of Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>
12. Name of Shareholders and % shareholdings	<input type="checkbox"/>	<input type="checkbox"/>
13. Applicable to imported materials: <i>(a) Certificate of material(s) from manufacturer such as: Certificate of conformity/certificate of quality or equivalent documentary evidence</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(b) Documentary evidence of import (at least one such as Bill of Lading / Commercial Invoice/ Postal receipt / Notice of arrival of goods or equivalent.</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. Applicable to construction materials manufactured/ produced locally: <i>Certificate of material(s)/ Certificate of conformity/certificate of quality or equivalent documentary evidence issued by a Third Party.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

(FOR OFFICE USE)

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