

APPLICATION FOR REGISTRATION AS A THIRD PARTY CERTIFIER IN CONSTRUCTION

SECTION A

Name of Applicant: [Note 1]

.....

.....

.....

Current Registration Reference with CIDB (if any)

.....

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 (Registration of Service Providers other than Consultants) Regulations 2018, any subsequent Regulations and the Notes to this Form (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.

Applicable to 'Firms' and 'Individuals'.

SECTION B

Field of Services

[Note 2]
(Tick as appropriate)

Architectural

☐ Design Verification ☐ Inspection ☐ Testing ☐ Other Services
(Please Specify)

Building

☐ Design Verification ☐ Inspection ☐ Testing ☐ Other Services
(Please Specify)

Civil Engineering

☐ Design Verification ☐ Inspection ☐ Testing ☐ Other Services
(Please Specify)

Mechanical and Plumbing Services

☐ Design Verification ☐ Inspection ☐ Testing ☐ Other Services
(Please Specify)

Electrical Services

☐ Design Verification ☐ Inspection ☐ Testing ☐ Other Services
(Please Specify)

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 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.

1.3 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 other Local or International 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 details.

1.7 Has applicant ever been debarred or suspended ?

Yes ☐ No ☐

If yes, please give details.

2. Insurance

Name of Insurance Company:

Amount of Cover:

Copy of Current 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 company 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.

SECTION D**Financial Standing**

The information 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**Design Verifications (Applicable to Applicants offering Design Verification Services)****1. Are you accredited for providing 'Design Verification Services'?**

Yes ☐ No ☐

If Yes, give details:.....

Please Tick the field of services in which you provide/intend to provide verification services

Architectural	Building	Civil Engineering	Mechanical and Plumbing Services	Electrical Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F**Testing Laboratories (Applicable to Applicants offering Testing Services)****1. Location**

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 specify name of laboratories 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:

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

Please attach valid Certificate(s) of Accreditation.

3. Do your Laboratories have other Accreditation?

Yes ☐ No ☐

If yes, please fill in the following Table below:

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

Please attach valid Certificate(s) of Accreditation.

SECTION G

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 ☐

Architectural

Building

Civil Engineering

Mechanical and
Plumbing Services

Electrical Services

If Yes, please Tick your field of services

☐☐☐☐☐

2. If No, are you accredited by other Accreditation bodies?

Yes ☐ No ☐

If Yes, please give details as per Table below:

SN	Accreditation Received	Accreditation Body
1		
2		
3		
4		
5		

Please attach supporting documentary evidence.

SECTION H

Human Resources [\[Note 5\]](#)

Provide information in the format below on the Chief Executive Officer and every Professionally 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 Employment

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

Category	Local		Foreign	
	Full-Time (FT)	Part-Time (PT)	Full-Time (FT)	Part-Time (PT)
Experienced and Qualified Personnel (Degree Holder) ¹				
Qualified Technical/Supervisory Staff (Degree Holder) ¹				
Skilled Labour ²				
Unskilled Labour				
Administrative Staff				
Occupational Safety & Health Officers				

¹: **Documentary Evidence of Academic Qualifications shall be submitted.**

²: **Skilled Labour includes Equipment Operators/Artisans/Craftsmen/Masons/Plumbers, etc**

SECTION I

1. Projects Completed in the last 3 years

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

Details of each Project Completed in last 3 years shall be given in separate sheets and attached to the Application Form

* As indicated in Section B

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 five (5) of your existing or past customers in the Table below (local or foreign) - including governmental/parastatal bodies (if any).

SN	Name of Client	Nature of Services Provided	Contact Person	Phone N°.	Physical Address
1					
2					
3					
4					
5					

Attach additional sheets if required.

SECTION J

1. Training Facilities

Does your Firm have in-house training facilities?

Yes ☐ No ☐

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

2. Quality Management System [\[Note 6\]](#)

(Tick as appropriate)

	Yes	No
(i) Has any Quality Management System been implemented in the Firm?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Is the Firm registered with a Third Party Certification Body?	<input type="checkbox"/>	<input type="checkbox"/>

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

3. Health and Safety

Do you have a Health and Safety Policy complying with the relevant Act?

Yes ☐ No ☐ (If yes, please submit documentary evidence)

4. Occupational Health and Safety Officer

(Tick as appropriate)

Name of Occupational Health and Safety Officer(s) (if any)

Full Time Part Time

.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

5. Environmental Considerations

Do you have an Environmental Policy?

☐ Yes ☐ No *(If yes, please submit documentary evidence)*

Have you identified the main environmental impacts / risks of your activity?

☐ Yes ☐ No *(If yes, please provide details)*

Have you set up any policy/objectives in order to limit your environmental impacts?

☐ Yes ☐ No *(If yes, please provide details)*

Are there any resources dedicated to environmental management, (i.e. systems, team)?

☐ Yes ☐ No *(If yes, please provide details)*

SECTION K

Consent

Please tick the relevant 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)

SECTION L

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
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. Details of Insolvency/Bankruptcy/Liquidation/Judicial Management	<input type="checkbox"/>	<input type="checkbox"/>
8. Insurance Cover	<input type="checkbox"/>	<input type="checkbox"/>
9. Certificate of Professional Registration (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
10. Organigram of Firm	<input type="checkbox"/>	<input type="checkbox"/>
11. Certificate of Accreditation (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
12. Details of Projects/Contracts	<input type="checkbox"/>	<input type="checkbox"/>
13. Statement of Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
14. Certificate of Registration from Third Party Certification Body for Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
15. Health and Safety Policy document	<input type="checkbox"/>	<input type="checkbox"/>
16. Environmental Policy document	<input type="checkbox"/>	<input type="checkbox"/>
17. Identity Cards/Passport of Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>

(FOR OFFICE USE)

Remarks

.....

.....

.....

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