

APPLICATION FOR REGISTRATION AS A TECHNICIAN IN CONSTRUCTION

SECTION A

Name of Applicant:

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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 MUR 1000** 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 'Individuals' practising as Freelance only.

SECTION B

1. Business Information

1.1 Business Registration

VAT Registration No.:

Business Registration No.:

Copy of

- (i) National Identity Card/Passport,
- (ii) VAT Registration Certificate
- (iii) Business Registration Card &
- (iv) Proof of Address, 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:
Tel No.:
Mobile No.: Fax No.:
E-mail Address:

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

Mauritius Rodrigues/
Outer Islands

Other Countries *(specify)*:
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1.5 Is applicant registered with any other Local or International Registration Body?

Yes No

If yes, please give the following details

Registered as:

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Name of Registration Body:

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Contact Details of Registration Body

Physical Address:

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Email Address:

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Tel No.:

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

SECTION C

1. Academic Qualifications

Name of University/Examining Body:

Country:

Duration of Course/Study: From To Part-time Full-time Distance Education

Specify (i) exact qualifications obtained: Class/Division/Level:

(ii) Date of result:

Subjects/Modules (State whether Main/Subsidiary/Major etc. where applicable)

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**Attach additional sheets if more than 1 Qualification.
Certificate of Academic Qualifications and marksheets shall be submitted.**

2. Employment History

SN	Name of Company	Post Held	Date of Employment	
			From	To

Detailed CV shall be submitted.

SECTION D

1. Offence

1.1 Have you been the subject of an investigation/enquiry for any offence during the last 10 years?

Answer Yes or No If Yes, indicate nature of offence and date of outcome.

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1.2 Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years?

Answer Yes or No If Yes, give details (court, charge, date of judgement and sentence - e.g. imprisonment, fine, caution or conditional discharge):-

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SECTION E

1. References

Please list five (5) of your existing or past clients in the Table below(local or foreign) including governmental/parastatal bodies.

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 F

Declaration

(by Authorized Signatory)

I
(Full Name in BLOCK Letters) do hereby declare that the 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:

Date:

SECTION G

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)

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. | Business Registration Card | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Identity Card/Passport | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Proof of Address (Utility Bills) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Certificate of Registration Body | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Certificate of Professional/Academic qualification | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Detailed CV | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Testimonials (No:.....) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Details of Projects/Contracts | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Details of Termination of Contract/Arbitration/Legal Proceedings | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Trade fee receipt for the current period | <input type="checkbox"/> | <input type="checkbox"/> |

(FOR OFFICE USE)

Remarks

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