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## APPLICATION BY REGISTERED CONTRACTORS

# **UPGRADE OF REGISTRATION/ ADDITION OF SPECIFIC WORK**

SECTION A	Information
Name of Applicant: [Note 1]	This Form should be used ONLY where the applicant is a Registered Contractor and is requesting for an upgrade, and/or addition of Specific Work.
	If space provided in any section of this Form is not sufficient, the Applicant may attach supplementary sheets to provide the information.
<u>Current registration details</u> :	inomaion.
1.1 Registration reference with CIDB:(as per CIDB certificate)	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".
1.2 Class of Works:	CIDB shall not be held liable for any delay in processing the
1.3 Specific Works (if any):	request in case of incompleteness or inaccuracy of information.
SECTION B	
4. Application for (1)	3. Addition of Specific Works [Refer to Annex 1]
1. Application for: (tick as appropriate)	2.1 Planes anneify helevythe Cresific Weeks to
Upgrade Addition of Specific Work	3.1 Please specify below the Specific Works to be added:
2. Upgrade :	
2. Opgraue .	
2.1 Please specify requested Grade :	
From Grade to Grade	
2.2 Please provide reason(s) for upgrade*:	3.2 Please provide reason(s) for addition of Specific Works*:
*Attach additional sheets, if required	*Attach additional sheets, if required

		4.2 Has t	the Applicant bee	en subject to Insolvency,	
Mr/Mrs/Ms: First name:			Bankruptcy or placed under Liquidation or Judicial Management since last registration?		
Surname:  Designation:  Tel No:  Mobile No:		☐ Yes			
		If yes, plo	ease give details	thereof.	
				en debarred or suspended by an	
			local body or international body since last renewal?		
Email address:		☐ Yes If ves. ple	☐ No ease give details t	thereof.	
Postal address:		, , , , , ,			
		4.4 Appli		icate below the current status of	
		—	☐ Defun	ct	
4.1 Applicant need to provide an extra Corporate Business Registration Depar		If 'Live', i	s the Applicant su	bject to an 'Objection'?	
available from link :	ment (CDND),	☐ Yes	☐ No		
https://companies.govmu.org:4343/MNSOnlineSearch/		If yes, ple	ease give details t	hereof.	
	ctorship of the firm si	nce last registra	ation/renewal? P	lease specify   Yes   No	
SECTION D  1. Has there been any change in Direct If yes, please give details in the Table In Name		or(s) and forme		lease specify	
If yes, please give details in the Table I	Designa (Applicant to indi	or(s) and forme	r Director(s)		
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1. Has there been any change in Direct If yes, please give details in the Table Box Name  Name  Attach additional sheets, if required  1. Has there been any change in Share.	Designa (Applicant to ind "Former Director" of  reholding of the firm so below for new Sharet  Share (Applicant to ind)	ation	r Director(s)  Citizenship  ration/renewal?	Professional Qualifications  Please specify Yes No	
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## **SECTION E**

If Applicant is applying for an upgrade in more than one Class of Works or addition of Specific Work(s), he should provide, a breakdown of turnover to indicate the value of works allocated to each Class.

	Bleakdown of turnover						
Year (in Chronological Order)	Building Construction Works	Civil Engineering Construction Works	MEP Works	Electrical Works	Mechanical Works	Specific Works: (specify)	Total Turnover
	(MUR)	(MUR)	(MUR)	(MUR)	(MUR)	(MUR <b>)</b>	(MUR)

<sup>\*</sup>Attach additional sheets, if required

## **SECTION F**

Projects completed in the last five (5) Years\* Refer to [RG19A]

No	Name of Client	Name of Client Brief description Our Of project		ation	Contract Value (MUR), excluding VAT	
			From To exclu		excluding VAT	

Applicant should have during the last 5 years completed at least two (2) projects equivalent to the value of works corresponding to the Grade or Specific Work(s) applying for. [Note 2]

<sup>\*</sup>Attach additional sheets, if required

## **SECTION G**

#### Human Resources\* [Note 3]

## 1. Qualified Personnel (where applicable)

Provide information in the format below on every Qualified Personnel in the field of Architecture, Engineering, Quantity Surveying and Project Management in Construction.

		Name Citizenskin Designation Cuplification FT/	Yearsof	Professional Registration (Reg.)					
SN	Name	Citizenship	Designation	Qualification			Body	Reg. Yr.	Reg. No.
No of	Registered Professional				Total				

<sup>\*</sup>Attach additional sheets, if required

A Qualified Personnel should be holder of at least a First Degree. A copy of Firm's Organigram shall be submitted

#### 2. Technical & Administrative Staff [Note 4] (where applicable)

Category	No.	Sum of ¥ars of Experience
Qualified Technical / Supervisory Staff (Diploma Holder)		
Non-Qualfied Technical /Supervisory Staff		
Administrative Staff		
Occupational Safety & Health Officers		
Competent Persons for Scaffolding Supervision		

#### Copy of Safety & Health Policy Document of Firm (if any), shall be submitted.

#### 3. Labour Force

(Skilled Labour includes Equipment Operators/Artisans/Craftsmen/Masons/Plumbers, etc)

Gender	No. of Skilled	No. of Unskilled	Total
Male			
Female			
Total			

Labour Force is the total of all Local & Foreign Skilled & Unskilled employees

#### 4. Foreign Employees, if any.

Category	Male	Female
No. of Professionals		
No. of Technical/ Supervisory Staff		
No. of Skilled Labour		
No. of Unskilled Labour		
Total		

<sup>\*\*</sup> State 'FT' for Full Time and 'PT' for Part Time

PROJEC	T DESCRIPTION SHEET ( (to be filled in for each Project)	Sheet No.: Sheet No.:
Project Title:		
Name and Contact Details of Client:		
Class of works:		
Initial Contract Value (MUR):		
Final Contract Value (MUR):	(VAT exclusive)	
Name of Subcontractor:	(VAT exclusive)	
Value of Work Subcontracted (MUR):		
Start Date:	(VAT exclusive Scheduled Completion Date:	Actual Completion Date:
Duration of Extension of Time:		
	(in days)	
Detailed Description of overall Project:		
	-	
	-	
Detailed Description of Work Subcontracted	ł:	
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SECTION H							
<b>Declaration</b> (by Authorized Signatory)							
	Ido hereby declare that the information given on this form and the information submitted in the documents attached hereto are to the best of my knowledge true and correct.						
I authorise the CIDB to conduct any en information provided.	quiry If required	, from any third party in o	rder to verify the accuracy of the				
I understand that any false declaration	or misstatemen	t with respect to this appl	ication is an offence which may				
result in a fine and imprisonment and/	or rejection fo th	nis application and/or cand	cellation/suspension of any				
registration with the CIDB in accordance	ce with the Cons	truction Industry Develop	ment Board Act and Regulations				
thereunder.							
Authorised Signature:							
Name:							
Designation:							
Date:							
Seal of Company:							
	(FOR C	OFFICE USE)					
			Finance Section				
Submitted by:	Received by:		Amount paid:				
Signature:	Fees Payable:		Receipt No:				
Date:	Signature:		Received by:				
	Date:		Signature:				
			Date:				