

APPLICATION FOR PROVISIONAL REGISTRATION AS A FOREIGN CONSULTANT

SECTION A

Name of Applicant: [Note 1]

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Last Registration Reference issued by CIDB (if any) [Note 1]

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Information

This Form shall be filled in electronically and submitted at myapplication@cidb.biz together with scanned copy of all the relevant documents as per the attached Checklist.

Applicant shall read the Construction Industry Development Board Act and Regulations (available at www.cidb.mu) before completing the Application Form.

Construction Industry professionals are required to comply with provisions of the CRPE, PAC and PQSC Acts.

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

A non-refundable processing fee of MUR 3000 shall accompany the application. Payment shall be made 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.

CIDB shall not have any liability whatsoever in case it refuses to grant a Provisional Registration on the basis of incomplete or false information provided by the Applicant.

SECTION B

Field of specialisation applying for: [Note 2]

{Refer to Part A - Second Schedule [Regulation 3(a)] of CIDB (Amendment of Schedule) Regulations 2021}

(Tick as appropriate)

- Architecture
- Civil and structural engineering services
- Electrical engineering services
- Environmental engineering services
- Interior design
- Landscape architecture
- Mechanical, electrical and plumbing (MEP) engineering services
- Mechanical engineering services
- Project management in construction
- Quantity surveying
- Urban planning
- *Third Party Certification

*** Applicants who wish to seek registration in Third Party Certification should duly fill in the Third Party Certification's Data Sheet RG1C on page 10 and 11.**

SECTION C

1. Details of Project [Note 3] *Copy of Notice of the Bid shall be submitted.*

Bid Reference			
Project Title			
Date of Advertisement		Closing Date & Time of Bid	
Bid Validity Period			
Brief Description of Project		
Duration of Work			
Client's Name and Contact Details		

2. Particulars (Complete this Part **ONLY** if Project would be undertaken in Joint Venture/Partnership/other Form of Association.)

Parties to Joint Venture/ Partnership/Association	Contact Details	Country of Origin	CIDB Registration Reference <i>(if any)</i>	% Shareholding

Copy of Agreement formalising the Joint Venture shall be submitted.

SECTION D

1. Business Information

1.1 Business Registration *(Tick as appropriate)*

Company/Firm Société/Partnership

Other (Specify):

Date of Incorporation:
(in country of origin)

Date of Incorporation/Registration:
(in Mauritius, if applicable)

Copy of (i) Certificate of Incorporation in Country of origin & (ii) Certificate of Incorporation/Registration in Mauritius (if applicable), shall be submitted.

1.2 Contact Details

Telephone No.: Fax No.:

E-mail Address:

Website:

Physical Address:

Postal Address:

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Address in Mauritius *(if any)*:

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1.3 Authorized Contact Person

Mr/Mrs/Ms: First Name:

Surname:

Designation:

Tel No.: Fax No.:

Mobile No.:

E-mail Address:

1.4 Is applicant registered with any Professional Registration Body?

Yes No

If yes, please give the following details

Registered as:

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Name of Professional Body:

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Contact Details of Professional 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 Professional Body, shall be submitted.

For application in the Field of Architecture and Quantity Surveying, Applicant shall submit documentary evidence that he is authorised, by the competent authority in his country, to practice in the respective Field.

1.5 Is Firm listed on any Stock Exchange?

Yes No

If yes, please give the following details

Name of Stock Exchange:

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Listed / Quoted on:

.....

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.

1.7 Has applicant ever been debarred or suspended as a Consultant?

Yes No

If yes, please give details in the annexed Debarment/ Suspension Data Sheet **[RG2A]**

1.8 Professional Indemnity Insurance

Name of Insurance Company:

.....

Amount of Cover:

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Copy of Current Professional Indemnity Insurance Cover shall be submitted.

1.9 Has applicant ever undertaken any Project in Mauritius?

Yes No

If yes, please give the following details for **each** project undertaken in the format below

Project Title:

CIDB Registration Reference
(if applicable):

Commencement Date:

Completion Date:

Contract Value (Rs):

(VAT exclusive)

Client's Name and Contact Details:

Name of all the parties if Project was undertaken under a Joint Venture/Partnership/Association:

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Contact Details of the other parties:

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% Shareholding of Applicant:

Brief Description of consultancy services provided by Applicant:

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Services outsourced to other Consultants

Name of Sub-consultant:

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Contact Details of Sub-consultant:

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Brief Description of services assigned to Sub-consultant:

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2. Directorship of Firm [Note 4]

Name of Director	Address	Citizenship	Professional Qualifications	Status of Director ¹	Other Directorship ²

¹ State 'ED' for Executive Director and 'NED' for Non-Executive Director

² State Name of other Consultancy Firm in which incumbent is also a Director

3. Shareholdings [Note 5]

(a) Shareholdings of Firm

Shareholders	Percentage
Total percentage of Mauritian Shareholding	
Total percentage of Non - Mauritian Shareholding	

(b) Mauritian Shareholdings

Name of Shareholders	Professional Qualifications	% Shareholding

Copy of Certificate of Professional Registration, shall be submitted.

4. Subsidiaries/Associated Consultancy Firm

Name of Firm	Applicant's % Shareholding

SECTION E

Human Resources [Note 6]

Provide information in the format below on the Chief Executive Officer and every Qualified Personnel of the Firm

SN	Name	Citizenship	Designation	Qualifications	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

Copy of detailed CV of the Chief Executive Officer and Certificate of academic qualification & professional registration of every Professional, shall be submitted.

Copy of Organigram of Firm, shall be submitted.

SECTION F

Complete this Section ONLY if applying for registration in the Field of Project Management in Construction

Is Firm Registered with any Association of Project Management?

Yes No

If Yes, please provide Name of Association and contact details.

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Copy of documentary evidence of registration shall be submitted.

Project Management Services provided in the last 3 years [Note 7]

Project Title	Name of Project Manager	Country ¹	Project Value ² <small>(VAT exclusive)</small>	Start & End Dates	Client's Name & Contact Details

¹ State country where Project was undertaken
² State Currency

Particulars in respect of every Project Manager listed above shall be given in the annexed Project Manager's Data Sheet [RG2B]

Copy of Letter of Appointment for every Project shall be submitted.

SECTION G

1. Projects Completed in the last 3 years

Field of Consultancy Services	N° of Projects		
	Year (in Chronological Order)		
	20....	20....	20....
Architecture			
Civil and structural engineering services			
Electrical engineering services			
Environmental engineering services			
Interior design			
Landscape architecture			
Mechanical, electrical and plumbing (MEP) engineering services			
Mechanical engineering services			
Project management in construction			
Quantity surveying			
Urban planning			
Third Party Certification			

Details of each project completed in the last 3 years shall be given in the annexed Project Description Sheet [RG1C]

2. State number of Projects during the last 3 years which were subject to Termination of Contract/ Arbitration/ Legal Proceedings

Details of each Project which were subject to Termination of Contract/ Arbitration/ Legal Proceedings in last 3 years shall be given in the annexed Statement of Termination of Contract/ Arbitration/ Legal Proceedings. [RG2D]

SECTION H

Turnover of Firm in the last 3 years [Note 8]

Year (in Chronological Order)	Turnover (.....)*

* State Currency

SECTION I

Quality Management System [Note 9]

(Tick as appropriate)

- | | Yes | No |
|--|--------------------------|--------------------------|
| (i) Is there any Quality Management System in the Firm? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Is the Quality Management System certified by 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 the Third Party Certification Body shall be submitted.

SECTION J

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 understand that these information will also be used for the processing of my eventual application for Temporary Registration as a Foreign Consultant.

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 accept that Construction Industry Development Board would not hold any liability whatsoever as a result of its refusal to grant the Temporary Registration in case of erroneous or misleading information provided in this application.

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

Electronic Signature is acceptable.

THIRD PARTY CERTIFICATION'S DATA SHEET (Section B)

(To be filled by Consultant applying for registration in the field of specialisation of THIRD PARTY CERTIFICATION only)

A. Field of Services

[Note 8]

(Please Tick as appropriate the fields of services you provide / intend to provide)

Architecture

Design Verification Inspection Testing Other Services
(Please Specify)

Building / Structural Engineering

Design Verification Inspection Testing Other Services
(Please Specify)

Civil Engineering

Design Verification Inspection Testing Other Services
(Please Specify)

Mechanical Engineering

Design Verification Inspection Testing Other Services
(Please Specify)

Electrical Engineering

Design Verification Inspection Testing Other Services
(Please Specify)

Other Field of Services (please specify):

Design Verification Inspection Testing Other Services
(Please Specify)

B. Design Verification (Applicable to Applicants offering Design Verification Services)

1. Are you accredited for providing 'Design Verification Services'?

Yes No

If Yes, give details of Accreditation and attach certificate(s) of accreditation (if any):

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C. Testing Laboratories (Applicable to Applicants offering Testing Services)

1. Location of Testing Laboratories

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 provide details as per table below 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: **Please attach valid Certificate(s) of Accreditation.**

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

3. Do your Laboratories have other Accreditation?

Yes No

If Yes, please fill in the following table below: **Please attach valid Certificate(s) of Accreditation.**

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

D. 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

Architecture Building/Structural Engineering Civil Engineering Mechanical Engineering Electrical Engineering Other

If Yes, please Tick your field of services

If No, are you accredited by other Accreditation bodies?

Yes No

If Yes, please give details as per table below: **Please attach supporting documentary evidence.**

SN	Accreditation Received	Accreditation Body
1		
2		
3		
4		
5		

E. Projects

1. Projects Completed in the last 3 years **(Details of each Project Completed in last 3 years shall be given in separate sheets)**

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

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 three (3) of your existing or past customers in the table below (local or foreign) - including governmental/parastatal bodies (if any). **Attach additional sheets if required.**

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

STATEMENT OF TERMINATION OF CONTRACT / ARBITRATION/LEGAL PROCEEDINGS (Section G)

(to be filled in for each Project)

Sheet No.:

Project Title:

Name and Contact Details of Client:

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Project Value (.....):
(State currency) *(VAT exclusive)*

Percentage of Consultancy Services provided until termination of contract:

Start Date: Termination Date:

Detailed Description of overall Project:

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Checklist

Copy of documents to be submitted with Application

(Tick as appropriate)

	Submitted by Applicant	Received (for Office use)
1. Notice of Bid	<input type="checkbox"/>	<input type="checkbox"/>
2. Agreement formalising the Joint Venture	<input type="checkbox"/>	<input type="checkbox"/>
3. Certificate of Incorporation <i>(in country of origin)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Certificate of Incorporation/Registration <i>(issued in Mauritius)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Registration Certificate from Professional Registration Body	<input type="checkbox"/>	<input type="checkbox"/>
6. Documentary Evidence from competent Authority to practice in the field	<input type="checkbox"/>	<input type="checkbox"/>
7. Statement of Insolvency/Bankruptcy/Liquidation/Judicial Management	<input type="checkbox"/>	<input type="checkbox"/>
8. Debarment/Suspension Data Sheet [RG2A] (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
9. Valid Professional Indemnity Insurance Cover	<input type="checkbox"/>	<input type="checkbox"/>
10. Details of Projects undertaken in Mauritius (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
11. Certificate of Professional Registration (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
12. Certificate of Academic Qualification (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
13. Detailed CV of Registered Professional	<input type="checkbox"/>	<input type="checkbox"/>
14. Organigram of Firm	<input type="checkbox"/>	<input type="checkbox"/>
15. Project Manager's Data Sheet [RG2B] (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
16. Letter of Appointments for Project Management Services (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
17. Third Party Certification's Data Sheet [RG2C] (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
18. Certificate of Accreditation (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
19. Project Description Sheet [RG2D] (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
20. Statement for Termination of Contract/ Arbitration/ Legal Proceedings [RG2E] (No.:)	<input type="checkbox"/>	<input type="checkbox"/>
21. Statement of Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
22. Certificate of Registration from Third Party Certification Body for Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
23. Power of Attorney/Board Resolution of Authorized Signatory	<input type="checkbox"/>	<input type="checkbox"/>

