## [Insert Letterhead of Company]

Date:....

### The Executive Director Construction Industry Development Board 5<sup>th</sup> Floor, Mutual Aid Building II 5, Guy Rozemont Square Port Louis

## Undertaking from Consultant for Foreign Professionals deployed in Mauritius

) I, Mr/Mrs/Ms	y
declare that I am the Managing Director/ Chief Executive Officer/ Authorised Representative	'e
Note2 of	з,
bearing Registration No having i	ts
registered address at <sup>Not</sup>	e5

2)	This	is	to	certify	that	all	Foreign	Profe	essionals	de	eploye	d by
									(Note6)	for	the	project
	mentior	ned be	low, w	ill apply fo	or and ob	otain re	gistration wit	th the i	relevant p	rofes	sional	councils
	such as	the C	Council	of Regis	tered Pr	ofessio	onal Enginee	rs (CF	RPE), Prot	fessio	nal Ar	chitects'
	Council	(PAC	c) and	Professio	nal Qua	ntity S	urveyors' Co	ouncil	(PQSC), i	if app	licable	, before
	comme	nceme	ent of s	ervices.								

Details of Project:

Name of proje Client's Name Date of Award Client's Conta	1	:			
Telephone	:		Mobile	:	
Address	:		E-mail	:	

3) I agree that the CIDB may contact me, using the following details, for any clarifications with respect to the above:

Telephone	:	 Mobile	:	
Address	:	 E-mail	:	

Signature of Authorised				
Signatory	:	 Date	:	

## **Guidance Notes**

Note 1: to specify full name of Director/ Authorised Representative of the Firm issuing the Testimonial.

Note 2: to specify position in the Firm.

Note 3: to specify name of the Firm as it appears on the Certificate of Incorporation.

Note 4: to specify Business Registration Number (BRN) of the Consultancy Firm.

Note 5: to specify registered address of the Firm as it appears on the Company Registration Document

Note 6: to specify name of the Firm as it appears on the Certificate of Incorporation.

Note 7: to specify full name of Director/ Authorised Representative of the Firm issuing the Testimonial.



5th Floor, Mutual Aid Building II, 5, Guy Rozemont Square, Port Louis, Mauritius

FORM

Phone: +230 211 7878 | Fax: +230 211 0380 E-mail: cidbmauritius@intnet.mu Website: http://www.cidb.mu

# Application for Temporary Registration as a Foreign Consultant

SEC	TION A	Information
	me of Applicant: Same as stated in Application for Provisional Registration) [Note 1]	This Form is also available at http://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 Consultants and Contractors) Regulations 2014, any subsequent Regulations and the Notes to this Form (available at http:// 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.
Pro	visional Registration Reference: [Note 1]	A Non-refundable Processing Fee of Rs 5,000 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.
		CIDB shall not have any liability whatsoever in case it refuses to grant a Temporary Registration on the basis of incomplete or false information provided by the applicant.
SEC	TION B	
0_0		
	Project Title:	4. Proposed Completion Date:
		<ul> <li>4. Proposed Completion Date:</li> <li>5. Contract Value (Rs):</li> </ul>
1. 2.	Project Title: Client's Name:	5. Contract Value (Rs): (VAT exclusive)
1.	Project Title:	5. Contract Value (Rs):
1. 2. 3.	Project Title: Client's Name:	5. Contract Value (Rs): (VAT exclusive) Copy of Letter of Award for the Project shall be
1. 2. 3.	Project Title: Client's Name: Proposed Commencement Date:	5. Contract Value (Rs): (VAT exclusive) Copy of Letter of Award for the Project shall be
1. 2. 3. SEC	Project Title: Client's Name: Proposed Commencement Date: TION C Business Information in Mauritius	5. Contract Value (Rs): (VAT exclusive) Copy of Letter of Award for the Project shall be submitted.
1. 2. 3. SEC	Project Title: Client's Name: Proposed Commencement Date: TION C Business Information in Mauritius Contact Details	5. Contract Value (Rs): (VAT exclusive) Copy of Letter of Award for the Project shall be submitted.
1. 2. 3. SEC	Project Title: Client's Name: Proposed Commencement Date: TION C Business Information in Mauritius Contact Details Telephone No.: Fax No.: E-mail Address:	5. Contract Value (Rs): (VAT exclusive) Copy of Letter of Award for the Project shall be submitted.
1. 2. 3. SEC	Project Title: Client's Name: Proposed Commencement Date: TION C Business Information in Mauritius Contact Details Telephone No.: Fax No.:	5. Contract Value (Rs): (VAT exclusive) Copy of Letter of Award for the Project shall be submitted.

1.2	Authorized Contact Person	1.4	Has applicant been subject to Insolvency, Bankruptcy of placed under Liquidation or Judicial Management sinc				
	Mr/Mrs/Ms: First Name:		Provisional Registration was granted? Yes No				
	Designation:		If yes, please give a Brief Statement thereof.				
	Tel No.: Fax No.: Mobile No.: E-mail Address:	1.5	Has applicant been debarred or suspended as a Consultant since Provisional Registration was granted? Yes No If yes, please give details in the annexed Debarment/				
1.3	Business Registration         Date of Incorporation/Registration:         VAT Registration No.:         (if applicable)         Business Registration No.:         Copy of (i) Certificate of Incorporation/Registration, (ii) VAT         Registration Certificate, (iii) Business Registration Card & (iv)         Trade Fee Receipt for current period issued by the relevant         Authorities in Mauritius, shall be submitted.		Suspension Data Sheet [RG3A]				
SE	CTION D						
	mplete this Section <u>ONLY</u> if there has been a change with r plication Form for Provisional Registration.	respect	to corresponding information provided in your				
1.	Directorship of Firm [Note 2]						

Name of Director	Address	Citizenship	Professional Qualifications	Status of Director <sup>1</sup>	Otner Directorship <sup>2</sup>
<sup>1</sup> State ' <b>ED</b> ' for Executive Directo	or and ' <b>NED</b> ' for Non-Executive I	Director	2 State Name	of other Consult	ancy Firm in which

<sup>2</sup> State Name of other Consultancy Firm in which incumbent is also a Director

#### 2. Shareholdings [Note 3]

Name of Shareholder	Address	Citizenship	Professional Qualifications	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.

3.	Subsidiaries/Associated Consultancy Firm	
	Name of Firm	Applicant's % Shareholding

## SECTION E

#### Human Resources [Note 4]

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

Name			Years of	Professional Registration (Reg.)				
		Designation	qualification	PT*	Experience	Body	Reg. Year	Reg. No.
	Name	NameCitizenship	NameCitizenshipDesignationImage: Second s	NameCitizenshipDesignationQualificationImage: CitizenshipImage: Citizenship </td <td>NameCitizenshipDesignationQualificationFT/ PT*Image: Strain S</td> <td></td> <td>Name     Citizenship     Designation     Qualification     FT/ PT*     Years of Experience     (F</td> <td>Name     Citizenship     Designation     Qualification     FT/ PT*     Years of Experience     (Reg.)       Body     Reg.</td>	NameCitizenshipDesignationQualificationFT/ PT*Image: Strain S		Name     Citizenship     Designation     Qualification     FT/ PT*     Years of Experience     (F	Name     Citizenship     Designation     Qualification     FT/ PT*     Years of Experience     (Reg.)       Body     Reg.

No. of Registered Professionals

\* State 'FT' for Full Time and 'PT' for Part Time

Copy of Certificate of every Registered Professional, shall be submitted. Copy of Organigram of establishment for the Project, shall be submitted.

## Declaration

(by Authorized Signatory)

I ..... do hereby declare that the information given on this Application Form, the information submitted in the documents attached hereto and the information submitted in the application for Provisional Registration as Foreign Consultant are to the best of my knowledge true and correct.

I also confirm that all the information which I had previously submitted in my application for Provisional Registration as a Foreign Consultant, subject to Section D, are still valid.

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

# RG3A

DEBARMEN	IT/SUSPENSION I	DATA SHEET (Section	
Has applicant been:		rsuspension)	Sheet No.:
Debarred 🗌 Suspended			
Title of Project that led to the Debarment/	/Suspension:		
Details of the Authority that has imposed	the Debarment/Suspension:		
Name:			
Address:			
Tel No.:	Fax No.		
Email Address:			
Period of Debarment/Suspension:	From:	То:	
Grounds of Debarment/Suspension:			

# Checklist

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

		(Tick as appropriate)	
		Submitted by Applicant	Received (for Office Use)
1.	Letter of Award for the Project		
2.	Certificate of Incorporation/Registration (issued in Mauritius)		
З.	VAT Registration Certificate (issued in Mauritius)		
4.	Business Registration Card (Issued in Mauritius)		
5.	Trade Fee Receipt for current period		
6.	Statement of Insolvency/Bankruptcy/Liquidation/Judicial Management		
7.	Debarment/Suspension Data Sheet [ [RG3A] (No.:)		
8.	Certificate of Professional Registration (No.:)		
9.	Organigram of establishment for the Project in Mauritius		
10.	Power of Attorney/Board Resolution of Authorized Signatory		
	(FOR OFFICE USE)		
Rem	arks		
		Fina	nce Section

 Submitted by:
 Received by:
 Amount Paid:

 Signature:
 Fees Payable:
 Receipt No.:

 Date:
 Signature:
 Received by:

 Date:
 Date:
 Signature:

 Date:
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 Signature:

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 Date:
 Date:

6 APPLICATION FOR TEMPORARY REGISTRATION AS A FOREIGN CONSULTANT CONSTRUCTION INDUSTRY DEVELOPMENT BOARD