

Application for registration as a Contractor

SECTION A

Name of Applicant: [Note 1]

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Registration Reference with CIDB (if any)

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Information

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 Act and Regulations (available at <http://www.cidb.mu>) before completing the Application Form.

If space provided in any section of this Form is not sufficient, the Applicant may attach supplementary sheets providing the information in the same format. Please do not remove any page from this application form.

A non-refundable processing fee of MUR 1000 for each Class of Works shall accompany the application. Payment shall be made either in cash or cheque payable to the "Construction Industry Development Board".

The CIDB shall not be held liable for any delay in processing the application in case of incompleteness or inaccuracy of information

SECTION B

1. **Classes of Works and Grade** applying for [Note 2]

☐ **Building Construction Works**

A+ ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐
G ☐ H ☐

☐ **Civil Engineering Construction Works**

A+ ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐
G ☐ H ☐

☐ **Mechanical, Electrical and Plumbing Works (MEP WORKS)**

A+ ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐
G ☐ H ☐

☐ **Mechanical Works**

A+ ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐
G ☐ H ☐

☐ **Electrical Works**

A+ ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐
G ☐ H ☐

☐ **Specific Works** [Note 2.1]

A+ ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐
G ☐ H ☐

Please specify below

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SECTION C

1. Business Information

1.1 Business Registration (Tick as appropriate)

☐ Individual (Sole Proprietorship) ☐ Société / Partnership

☐ Company

☐ Other (Specify):

Date of Incorporation:

VAT Registration No.: (if applicable)

Business Registration No.:

Copy of (i) Certificate of Current Standing of Firm issued by the Registrar of Companies, (ii) Certificate of Incorporation, (iii) VAT Registration Certificate, (iv) Business Registration Card, (v) Trade Fee Receipt for current period and shall be submitted (if applicable)

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:

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):

1.5 Is applicant registered with any Construction Registration Body?

Yes ☐ No ☐

If yes, please give the following details

Registered as:

Name of Registration Body:

Contact Details of Registration Body

Address:

Email Address:

Tel No.:

Copy of Certificate of Registration issued by 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 a Brief Statement thereof.

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

Yes ☐ No ☐

If yes, please give details in the annexed Debarment/ Suspension Data Sheet. Refer to [\[RG6A\]](#)

2. **Directorship of Firm** *(Not applicable to individuals)* [Note 3]

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

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

² State Name of other Construction Companies in which incumbent is also a Director

* Please use additional sheets if required.

3. **Shareholdings** *(Not applicable to individuals)* [Note 4]

3.1 Shareholdings of the Company

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

3.2 Details of Mauritian Shareholdings

Name of Shareholders	Professional Qualifications (If any)	% Shareholding

* If a shareholder is also a Director of the Firm, please state ' ED ' for Executive Director and ' NED ' for Non-Executive Director

* Please use additional sheets if required.

4. **Subsidiaries/Associated Companies in Construction Business** *(Not applicable to individuals)*

Name of Companies	Applicant's % Shareholding

SECTION D

Financial Standing over the last five (5) years** *(Not applicable to Grade H Contractor)*

The information provided in the table below should be as per the last Financial Statements (Audited if available)

Details	Year (.....)*
Currency	
Current Assets	
Current Liabilities	
Net Profit after Tax	
Depreciation	
Long-Term Liabilities	

*State Year

** Please provide a copy of the the Financial Statements (Audited if available) for the last five (5) years.

SECTION E

Turnover for Construction Works within the last 5 years* *(Not applicable to Grade H)*

[Note 5]

Year (in Chronological Order)	Breakdown of Turnover				Total Turnover
	Building Construction Works	Civil Engineering Construction Works	Electrical Works	Mechanical Works	
	(MUR)	(MUR)	(MUR)	(MUR)	(MUR)

If applicant is applying for registration in more than one Class of Works, he should provide ,a breakdown of turnover to indicate the value of works allocated to each Class.

* Please use additional sheets if required.

SECTION F

1. Projects Completed in last 5 years* Refer to [RG6B]

Name of Client	Brief Description of project	Duration of Works		Contract Value (MUR excluding VAT)	Name of SubContractor on project (if any)	Value of Subcontracted works (MUR excluding VAT)
		From	To			

(i) A Copy of Letter of Award & Completion certificate for each Project or Testimonials from Clients or Consultants shall be submitted.

* Please use additional sheets if required.

2. State number of Projects, during the last 5 years, which were subject to Termination of Contract/ Arbitration/ Legal Proceedings

Details of each such Project shall be given in the annexed Statement of Termination of Contract/ Arbitration/ Legal Proceedings. Refer to [RG6C]

3. Project of Highest Value in the last 5 years [Note 6]

Details of the Project of Highest Value for each Class of Works *(At least two for Grade H Contractor)* completed within the last 5 years shall be submitted. Refer to [RG6D]

- (i) A copy of the Letter of Award & Completion certificate or equivalent for each project or Testimonials from Clients /Consultants shall be submitted.
- (ii) A Copy of the BLUP (Building & Land Use Permit) including the Approved Construction Plans should be submitted when applying under the Class of Works "Building Construction Works"

SECTION G

1. Constructional Plant/Equipment/Vehicles OWNED *(Not applicable to Grade H Contractors)*

Plant/Equipment/Vehicles	Make, Model and Capacity (h.p)	Year of Registration	Replacement Value (Rs)
Total			

2. Constructional Plant/Equipment/Vehicles HIRED *(Not applicable to Grade H Contractors)*

The information provided in this Table should be as per the Audited Financial Statements of the respective years.

Name of Plant/Equipment/Vehicles	Rental Amount paid in last 5 years in Rupees					Total
	Year (.....)*	Year (.....)*	Year (.....)*	Year (.....)*	Year (.....)*	
Total						
Average for the last 5 years						

* State Year

SECTION H

Human Resources [Note 7]

1. Qualified Personnel **(Not applicable to Grade H Contractors)*

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

SN	Name	Citizenship	Designation	Qualification	FT/PT**	Years of Experience	Professional Registration (Reg.)		
							Body	Reg. Yr.	Reg. No.

No. of Registered Professionals

Total

* Please use additional sheets if required.

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

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

2. Technical & Administrative Staff [Note 8]

Category	No.	Sum of Years of Experience
Qualified Technical / Supervisory Staff (Diploma Holder)		
Non-Qualified 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. (Not applicable to Grade H Contractors)

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

SECTION I (Not applicable for Grade H Contractors).

1. Training Facilities

Does the Firm have in-house training facilities?

Yes ☐ No ☐

% of HRDC grant ceiling allocated to training: %

[Provide a statement with full details of the in-house training facilities.](#)

2. Quality Management System [Note 9]

(Tick as appropriate)

- (i) Has any Quality Management System been implemented in the Firm? Yes ☐ No ☐
- (ii) Is the Firm registered with a Third Party Certification Body? ☐ ☐

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

3. Occupational Health and Safety Management System

- (i) Has any Occupational Health and Safety Management System been implemented in the Firm? (Tick as appropriate) Yes ☐ No ☐

- (ii) Is the Firm registered with a Third Party Certification Body? ☐ ☐

[A Brief Statement on the Occupational Health and Safety Management System and copy of Certificate of Registration from Third Party Certification Body shall be submitted.](#)

4. Environmental Management System

(Tick as appropriate)

- (i) Has any Environmental Management System been implemented in the Firm? Yes ☐ No ☐

- (ii) Is the Firm registered with a Third Party Certification Body? ☐ ☐

[A Brief Statement on the Environmental Management System and copy of Certificate of Registration from Third Party Certification Body shall be submitted.](#)

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

SECTION K

Authorisation to publish contact details on the Website of CIDB.

(by Authorized Signatory)

Ihereby authorise/ not authorise the Construction Industry
(Full Name in BLOCK Letters) (delete as appropriate)
Development Board to publish our contact details on its Website. If you agree, please provide the following information.

Business address:

E-mail:

Telephone No:

Fax No:

Website:

Authorised Signature:

Designation:

Date:

SECTION L

Consent to receive information from CIDB

Please tick the relevant boxes below if you agree to receive the following information concerning services offered by the Construction Industry Development Board.

☐ I / We would like to receive information from the Construction Industry Development Board

☐ I / We would like to receive information about services provided by the Construction Industry Development Board, including newsletters, information on training, via the following means:

☐ E-mail

☐ Post

☐ Telephone Call

☐ Mobile Text Message

(Please tick as appropriate and provide details)

DEBARMENT/SUSPENSION DATA SHEET (Section C/ 1.7)*(to be filled in for each Debarment/Suspension)*

Sheet No.:

Has applicant been:

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:

To:

Grounds of Debarment/Suspension:

PROJECT DESCRIPTION SHEET (Section F)

(to be filled in for each Project)

(VAT exclusive)

(VAT exclusive)

(VAT exclusive)

.....

(in days)

(in days)

STATEMENT OF TERMINATION OF CONTRACT/ ARBITRATION/LEGAL PROCEEDINGS *(Section F)*

(to be filled in for each Project)

Sheet No.:



Project Title: _____

Name and Contact Details of Client:

Contract Value (MUR):

Percentage of works completed under the Contract: _____ (VAT exclusive)

Start Date: _____ Termination Date: _____

Detailed Description of overall Project:

Description of circumstances that led to Termination/ Arbitration/ Legal Proceedings:

HIGHEST VALUE PROJECT (HVP) DESCRIPTION SHEET (Section F)

(To be filled in for each Class of Works)

Sheet No.:

Project Title:

Name and Contact Details of Client:

Initial Contract Value (MUR):

(VAT exclusive)

Final Contract Value (MUR):

(VAT exclusive)

If the Project was undertaken in Joint Venture, state the:

(i) Name of Parties to the Joint Venture:

(ii) % of Works undertaken by Applicant:

%

If part of the Project has been sub-contracted, state the:

Name of Sub-contractor:

Final Contract Value of Work Sub-contracted

(VAT exclusive)

(Rs): Start Date:

Completion Date:

Note: if Applicant is providing only one HVP for evaluation in more than one(1) Class of Works, a breakdown of the contract value in each Class of Works should be provided in the table below:

Breakdown of Contract Value with respect to different classes of works					
Class of Works	Building Construction Works	Civil Engineering Construction Works	Mechanical Works	Electrical Works	Total Contract amount
Value of Works (Insert Currency as per Contract) Currency (.....)	(A)	(B)	(C)	(D)	(A+B+C+D)

Detailed Description of the overall project:

Detailed Description of Work Subcontracted:

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. Certificate of Current Standing of Firm, <i>if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
3. VAT Registration Certificate, <i>if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Business Registration Card	<input type="checkbox"/>	<input type="checkbox"/>
5. Registration Certificate from Construction Registration Body	<input type="checkbox"/>	<input type="checkbox"/>
6. Statement of Insolvency/Bankruptcy/Liquidation/Judicial Management	<input type="checkbox"/>	<input type="checkbox"/>
7. Debarment/Suspension Data Sheet [RG6A] (No.:.....)	<input type="checkbox"/>	<input type="checkbox"/>
8. Financial Statements for last 5 years (Audited if available)(No.:.....)	<input type="checkbox"/>	<input type="checkbox"/>
9. Project Description Sheet [RG6B] (No.:.....)	<input type="checkbox"/>	<input type="checkbox"/>
10. Letter of Award for Projects Completed in last 5 years (No.:.....)	<input type="checkbox"/>	<input type="checkbox"/>
Testimonials from:		
(i) Clients : (No.:.....)	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Consultants : (No.:.....)	<input type="checkbox"/>	<input type="checkbox"/>
11. Statement of Termination of Contract/ Arbitration/ Legal Proceedings [RG6C] (No.:.....)	<input type="checkbox"/>	<input type="checkbox"/>
12. Highest Value Project Description Sheet [RG6D] (No.:.....)	<input type="checkbox"/>	<input type="checkbox"/>
13. Copy of Letter of Awards & Completion Certificates for HVP	<input type="checkbox"/>	<input type="checkbox"/>
14. Organigram of Firm (<i>not applicable for Grade H& G Contractor</i>)	<input type="checkbox"/>	<input type="checkbox"/>
15. Statement of In-house Training Facilities	<input type="checkbox"/>	<input type="checkbox"/>
16. Statement of Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
17. Certificate of Registration from Third Party Certification Body for Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
18. Safety and Health Policy Document of Firm	<input type="checkbox"/>	<input type="checkbox"/>
19. Power of Attorney/Board Resolution of Authorized Signatory	<input type="checkbox"/>	<input type="checkbox"/>
20. NIC/Passport of the Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>
21. NIC/Passport Of the Shareholder(s) / Ultimate beneficial Owner(s)	<input type="checkbox"/>	<input type="checkbox"/>
22. Shareholdings details (e.g. Share Register) of Ultimate beneficial owner, <i>if applicable</i> .	<input type="checkbox"/>	<input type="checkbox"/>
23. Copy of certificate of academic qualifications and professional registration for registered professionals (<i>Applicable for Grade A+ to C</i>)	<input type="checkbox"/>	<input type="checkbox"/>

(FOR OFFICE USE)

Remarks:[illegible]

<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Submitted by: _____</p> <p>Signature: _____</p> <p>Date: _____</p> </div> <div style="width: 30%;"> <p>Received by: _____</p> <p>Fees Payable: _____</p> <p>Signature:: _____</p> <p>Date: _____</p> </div> <div style="width: 30%; text-align: right;"> <p>Finance Section</p> <p>Amount Paid: _____</p> <p>Receipt No.: _____</p> <p>Received by: _____</p> <p>Signature: _____</p> <p>Date: _____</p> </div> </div>	
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