

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

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Website: http://www.cidb.mu



#### APPLICATION FOR PROVISIONAL REGISTRATION AS A FOREIGN CONTRACTOR

SECTION A	Information
Name of Applicant: [Note 1]	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 (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.
Last Registration Reference issued by CIDB (if any) [Note 1]	If space provided in any section of this Form is not sufficient, Applicant may attach supplementary sheets providing the information in the same format.
	No Fee is applicable for Provisional Registration.
If applicant was granted Provisional Registration in the same Class of Work & same Area of Specialisation within a period of	CIDB shall not be held liable for any delay in processing the Application in case of incompleteness or inaccuracy of information.
one year, then only Sections A, B & C shall be filled provided there is no material change in the information provided in the previous Application Form. Documentation submitted in the previous application need not be submitted again.	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	
Classes of Works, Grade and Areas of Specialisation applying for	
☐ Building Construction Works	☐ Civil Engineering Construction Works
A+	A+
Mechanical, Electrica	I and Plumbing (MEP) Works
☐ Mechanical, Electrical & Plumbing Works	Mechanical & Plumbing Works
A+	A+ A B C D E F D
M01	M01
	☐ Electrical Works
	A+

1. [	SECTION C					
Bid	Reference					
Pro	ject Title					
Dat	e of Advertisement		Closing Da	te & Time of E	Bid	
Bid	Validity Period				'	
Brie	Brief Description of Project					
			····			
Duration of Work						
	Client's Name and Contact					
Det	ails					
Copy of Notice of the Bid shall be submitted.						
Complete this Part ONLY if Project would be undertaken in Joint Venture/Partnership/Association.						
2. F	2. Particulars  Parties to Contact Details		Deteile	Country of	CIDB Registration	0/ Charabaldina
Joi	int Venture/Partnership/Assoc	iation	Details	Origin	Reference (if any)	% Shareholding
Copy of Agreement formalising the Joint Venture (if any) shall be submitted.						
	of Agreement formalising the Jo	int Venture (if any) shall b	e submitted.			
SEC	of Agreement formalising the Jo	int Venture (if any) shall b	pe submitted.			
1.	TION D  Business Information			Physical Addre	SS:	
1.	TION D  Business Information  Business Registration (Tick as approp	riate)	F	Physical Addres	98:	
1.	TION D  Business Information  Business Registration (Tick as approp		F	Physical Addres	SS:	
1.	TION D  Business Information  Business Registration (Tick as appropriate as appro	riate)	F	Physical Addres	98:	
1.	TION D  Business Information  Business Registration (Tick as appropriate appro	riate)	hip			
1. 1.1	Business Information Business Registration (Tick as appropriate of Incorporation:  Other (Specify):	riate)  Societé/Partners	hip	Physical Addres		
1. 1.1	Business Information  Business Registration (Tick as appropriate a	riate)  Societé/Partners	hip			
1. 1.1	Business Information  Business Registration (Tick as appropriate a	on:  Country of our	Figin			
1. 1.1	Business Information  Business Registration (Tick as appropriate a	on:  Country of our	ship F			
1.1	Business Information  Business Registration (Tick as appropriate a	on:  Country of our	ship F	Postal Address		
1.1	Business Information  Business Registration (Tick as appropriate appropriate appropriate appropriate appropriate appropriate appropriate appropriate applicable).  Date of Incorporation: (In country of origin)  Date of Incorporation/Registratic (In Mauritius, if applicable)  Copy of (i) Certificate of Incorporation (In applicable), shall be submitted.  Contact Details	Societé/Partners  Societé/Partners  on:  on:  on/Registration in Mauri	ship F	Postal Address		

1.3	Authorized Contact Person	1.7	Has applicant ever been debarred or suspended as a Contractor?
	Mr/Mrs/Ms: First Name:		Yes No
	Surname:		If yes, please give details in the annexed Debarment/
	Designation:		Suspension Data Sheet [RG7A]
	Tel No.: Fax No.:	1.8	Has applicant ever undertaken any Project in Mauritius?
	Mobile No.:		Yes No
	E mail Address		If yes, please give the following details for <b>each</b> project undertaken in the format below.
			Project Title:
1.4	Is applicant registered with any Construction Registration Body?		CIDB Registration
	Yes No		Reference: (if applicable)
	If yes, please give the following details		Commencement Date:
	Registered as:		Completion Date:
			Contract Value (Rs):
	Name of Registration Body:		Client's Name and Contact Details:  (VAT exclusive)
	Contact Details of Registration Body		Name of the other party if Project was undertaken under a Joint Venture/Partnership/Association:
	Physical Address:		
			Contact Details of other party:
	Email Address:		% Shareholding of Applicant:
	Tel No.:		Brief Description of Works undertaken by Applicant:
	Copy of Certificate of Registration issued by the Registration Body shall be submitted.		
1.5	Is Firm listed on any Stock Exchange?		Works Subcontracted
	Yes No Street No		
	Name of Stock Exchange:		Name of Subcontractor:
	Listed / Quoted on:		Contact Details of Subcontractor:
1.6	Has applicant ever been subject to Insolvency, Bankruptcy		
	or placed under Liquidation or Judicial Management?  Yes □ No □		Brief Description of Works Subcontracted:
	If yes,please give a Brief Statement thereof.		
	) - A 5555 G. C S. E. S.		
			Contract Value of Work Subcontracted (Rs):
			(VAT exclusive)

Name of Directors	Address	Citizenship	Professional Qualifications	Status of Directors <sup>1</sup>	Other Directorship
<sup>1</sup> State ' <b>ED'</b> for Executive Direct	ctor and ' <b>NED'</b> for Non-Exe		State Name of other which incumbent is a		Companies in
3. Shareholdings [Note 5]					
3.1 Shareholdings of the Com					
	Shareh	olders			Percentage
Total percentage of Mauritia  Total percentage of Non - M					
3.2 Mauritian Shareholdings  Name of Sha	reholders	Professio	onal Qualifications		%
					Shareholding
If a Shareholder is also a Direct	ctor of the Firm, please stat	e 'ED' for Executive Dire	ctor and ' <b>NED'</b> for N	on-Executive [	Director
4. Subsidiaries/Associated	Companies in Construction  Name of Comp				licant's %
	Name of John	James		Sha	reholding
_					

2. Directorship of Firm [Note 4]

current Liabilities let Profit after Tax lepreciation leng-Term Liabilities let Profit after Tax lepreciation leng-Term Liabilities letter Year letter	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	Mechanical Works (Rs)	Total Turnover (Rs)
let Profit after Tax Depreciation ong-Term Liabilities tate Year CTION F Urnover for Construct Year (in Chronological Order)  applicant is applying e value of works allocated to the construct of the construction	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
Depreciation ong-Term Liabilities State Year ECTION F Urnover for Construct Year (in Chronological Order)  applicant is applying e value of works allocated to the construct of the construction of the constructio	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
ong-Term Liabilities  tate Year  CCTION F  Irnover for Construct  Year (in Chronological Order)  Capplicant is applying applicant is applying a value of works allowed.	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
tate Year  CCTION F  Trenover for Construct  Year (in Chronological Order)  Applicant is applying e value of works allocated to the construct of the construct	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
Year (in Chronological Order)  applicant is applying e value of works allocated.	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
Year (in Chronological Order)  applicant is applying e value of works allow	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
Year (in Chronological Order)  applicant is applying e value of works allocated to the control of the control o	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
Year (in Chronological Order)  applicant is applying e value of works allocated to the control of the control o	Building Construction Works (Rs)	Breakdown  Civil Engineering Construction Works  (Rs)	Electrical Works (Rs)	(Rs)	Turnover
applicant is applying e value of works alloc	(Rs)  for registration in m	Construction Works (Rs)	(Rs)	(Rs)	Turnover
e value of works alloc	for registration in n				(Rs)
e value of works alloc		nore than one Class of			
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e value of works alloo		nore than one Class of			
, ,					
	Year			No. of Projects	
	(in Chronological Order)			140. 011 10,60.0	
etails of each Project	ct Completed in las	st 5 years shall be give	en in the annexed Pro	oject Description Shee	t. <b>[RG7B]</b>
opy of Letter of Award	for each Project and	d Testimonials (if any) fr	om Clients and Consu	Itants shall be submitted	<i>i.</i>
State number of P Legal Proceedings		last 5 years, which we	ere subject to Termin	nation of Contract/ Arbi	itration/
Details of each suc Proceedings. [RG7		given in the annexed S	Statement of Termina	ation of Contract/ Arbit	tration/ Legal
Project of Highest \	Value in the last 10	years [Note 6]			
Details of the Project					

**SECTION E** 

	uctional Plant/Equip								
	ormation provided in			the Audited Firmount paid in I				years.	
Name	e of Plant/Equipment Vehicles	Year (				Year ()	-	То	tal
		,	, ,	, ,		,			
	Total								
								1	
tate Ye	П	Av	verage for the l	ast 5 years					
CTION Iman R Qualifi Provid	ear	format below	on every Quali	_	in the	field of Archite			
CTION Iman R Qualifi Provid	esources [Note 8] led Personnel de information in the	format below	on every Quali	_	FT/	Years of	Professional Reg		ı (Re
CTION man R Qualifi Provid Surve	esources [Note 8] eed Personnel de information in the ying and Project Mar	format below nagement in C	on every Quali	ified Personnel				gistration	Re
ctate Ye ction man R Qualifi Provid Surve	esources [Note 8] eed Personnel de information in the ying and Project Mar	format below nagement in C	on every Quali	ified Personnel	FT/	Years of	Professional Reg	gistration Reg.	Re
ctate Ye ction man R Qualifi Provid Surve	esources [Note 8] eed Personnel de information in the ying and Project Mar	format below nagement in C	on every Quali	ified Personnel	FT/	Years of	Professional Reg	gistration Reg.	Re
CCTION Iman R Qualifi Provid Surve	esources [Note 8] eed Personnel de information in the ying and Project Mar	format below nagement in C	on every Quali	ified Personnel	FT/	Years of	Professional Reg	gistration Reg.	
CTION Iman R Qualifi Provid Surve	esources [Note 8] eed Personnel de information in the ying and Project Mar	format below nagement in C	on every Qualiconstruction.	ified Personnel	FT/	Years of	Professional Reg	gistration Reg.	Re
ECTION Iman R Qualifi Provic Surve	esources [Note 8] eed Personnel de information in the ying and Project Mar	format below nagement in C	on every Qualiconstruction.	ified Personnel	FT/	Years of	Professional Reg	gistration Reg.	Re

Make, Model and Capacity (h.p)

Year of

Registration

Replacement Value

(.....) \*

SECTION H

1. Constructional Plant/Equipment/Vehicles OWNED

Plant/Equipment/Vehicles

2. Technical & Adminis	strative Staff [Note 9]			
Category			No.	Sum of Years of Experience
Qualified Technical / Su	upervisory Staff (Diploma Holder)			
Non-Qualified Technica	l / Supervisory Staff			
Administrative Staff				
Occupational Safety &	Health Officers			
Competent Person for	Scaffolding Supervision			
. Labour Force	ent Operators/Artisans/Craftsmen/Masons/Plu	umbers, etcl		
Gender	No. of Skilled	No. of Unskilled		Total
Male				
Female				
Total				
	with full details of the in-house tr	raining facilities.		
. Quality Managemer	nt System [Note 10]		(	Tick as appropriate)
			Yes	No
(i) Is there any Qua	ality Management System in the Fir	rm?		
(ii) Is the Quality Ma	anagement System certified by a T	Third Party Certification Body?		
A Brief Statement on Certification Body, sh	the Quality Management Syste all be submitted.	m and copy of Certificate of	Registration from	Third Party
. Occupational Safety	y and Health			
Does the Firm have	a Safety and Health Policy Docu	ument?		
Copy of the Safety an	d Health Policy Document, sha	II be submitted.		
opy or are cures, an	,,,,,,,			

## SECTION K **Declaration** (by Authorized Signatory) (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 Contractor. 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.

# **DEBARMENT/SUSPENSION DATA SHEET (Section D)** (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:

PROJEC	T DESCRIPTION SI	HEET (Se	ection G)	
Project Title:	(to be filled in for each Project)		Sheet No.:	
Class of works				
Name and Contact Details of Client:				
Initial Contract Value ():  (State Currency)  Final Contract Value ():		(VAT exclusive)		
(State Currency)  Name of Subcontractor:		(VAT exclusive)		
Value of Work Subcontracted ():				······································
(State Currency) Start Date:	Scheduled Completion Date:	(VAT exclusive)	Actual Completion Date:	
Duration of Extension of Time	·		·	
•		(in days)		
Detailed Description of overall Project:				
			<u>.</u>	
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				······································
				······································
Detailed Description of Work Subcontracted	l:			
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			······································	······································
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				······································

### STATEMENT OF TERMINATION OF CONTRACT/

ARBITRATION/LEGA (to be f	L PROCEEDINGS (Section G) She	eet No.:
Project Title:		
Name and Contact Details of Client:		
Contract Value ():		
(State Currency) Percentage of works completed under the Contract:	(VAT exclusive)	
Start Date:	Termination Date:	
Detailed Description of overall Project:		
Description of circumstances that lead to Termination/ Arbitra	ration/ Legal Proceedings:	

HIGHEST VALUE PI	ROJECT DESCRIPTION	SHEET (Section G)
	To be filled in for each class of work)	Sheet No.:
Project Title:		
Name and Contact Details of Client:		
Final Contract Value (): (State Currency)  If the Project was undertaken in Joint Vents		
(State Currency)  If the Project was undertaken in Joint Vento	(VAT exclusive) ure, state the:	
(i) Name of Parties to the Joint Venture:		
(ii) % of Works undertaken by Applicant:	%	
Name of Sub-contractor:		
Final Contract Value of Work Sub-contracted (		
Start Date:	Completion Date:	(VAT exclusive)
Detailed Description of overall Project:		
Detailed Description of Work Subcontracted:		

#### Checklist

#### Copy of documents to be submitted with Application

		(Tick as App	propriate)
		Submitted by Applicant	Received (for Office use)
1.	Notice of Bid		
2.	Agreement formalising the Joint Venture/ Partnership/Association		
3.	Certificate of Incorporation (in country of origin)		
4.	Certificate of Incorporation/Registration (issued in Mauritius)		
5.	Registration Certificate from Construction Registration Body		
6.	Statement of Insolvency/Bankruptcy/Liquidation/Judicial Management		
7.	Debarment/Suspension Data Sheet [RG7A] (No. :)		
8.	Details of Project undertaken in Mauritius (No. :)		
9.	Project Description Sheet [RG7B] (No.:)		
10.	Statement of Termination of Contract/ Arbitration/ Legal Proceedings [RG7C] (No. :)		
11.	Highest Value Project Description Sheet [RG7D] (No. :)		
12.	Organigram of Firm		
13.	Statement of In-house Training facilities		
14.	Brief Statement of Quality Management System		
15.	Certificate of Registration from Third Party Certification Body for Quality Management System		
16.	Safety and Health Policy Document of Firm		

(FOR O	FFICE USE)
Remarks:	
Submitted by:	Received by:
Signature:  Date:	Signature: Date:
Date.	