

# APPLICATION FOR PROVISIONAL REGISTRATION AS A FOREIGN CONTRACTOR

## SECTION A

Name of Applicant: [Note 1]

.....  
 .....  
 .....

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

.....

*If applicant was granted Provisional Registration in the same Class of Work & same Area of Specialisation within a period of 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.*

## Information

*This Form shall be filled in electronically and submitted at [cidbregistration@intnet.mu](mailto:cidbregistration@intnet.mu) 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 <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.*

*A non-refundable processing fee of MUR 5000 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

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*

.....  
 .....  
 .....

## SECTION C

### 1. Details of Project [Note 3]

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	..... ..... ..... .....		

*Copy of Notice of the Bid shall be submitted.*

Complete this Part ONLY if Project would be undertaken in Joint Venture/Partnership/Association.

### 2. Particulars

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

*Copy of Agreement formalising the Joint Venture (if any) shall be submitted.*

## SECTION D

### 1. Business Information

#### 1.1 Business Registration (Tick as appropriate)

- Individual (sole proprietorship)
 Société/Partnership  
 Company  
 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:

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 .....  
 .....

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 Construction Registration Body?

Yes  No

If yes, please give the following details

Registered as:

Name of Registration Body:

**Contact Details of Registration Body**

Physical Address:

Email Address:

Tel No.:

**Copy of Certificate of Registration issued by the Registration Body shall be submitted.**

**1.5** Is Firm listed on any Stock Exchange?

Yes  No

If yes, please give the following details

Name of Stock Exchange:

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 Contractor?

Yes  No

If yes, please give details in the annexed Debarment/Suspension Data Sheet **[RG7A]**

**1.8** 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): \_\_\_\_\_

Client's Name and Contact  
Details: \_\_\_\_\_

*(VAT exclusive)*

Name of the other party if Project was undertaken under a Joint Venture/Partnership/Association:

Contact Details of other party:

% Shareholding of Applicant:

Brief Description of Works undertaken by Applicant:

**Works Subcontracted**

Name of Subcontractor:

Contact Details of Subcontractor:

Brief Description of Works Subcontracted:

Contract Value of Work Subcontracted (Rs):

*(VAT exclusive)*

2. Directorship of Firm\* [Note 4]

Name of Directors	Address	Citizenship	Professional Qualifications	Status of Directors <sup>1</sup>	Other Directorship <sup>2</sup>

<sup>1</sup> State 'ED' for Executive Director and 'NED' for Non-Executive Director

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

\*Please use additional sheets if required

3. Shareholdings [Note 5]

3.1 Shareholdings of the Company

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

3.2 Mauritian Shareholdings\*\*

Name of Shareholders	Professional Qualifications	% 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\*

Name of Companies	Applicant's % Shareholding

\*Please use additional sheets if required

**SECTION E****Financial Standing**

The information provided in this Table 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

**SECTION F****Turnover for Construction Works in the last 5 years [Note 6]**

Year <i>(in Chronological Order)</i>	Breakdown of Turnover				Total Turnover  (MUR)
	Building Construction Works	Civil Engineering Construction Works	Electrical Works	Mechanical Works	
	(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.

**SECTION G****1. Projects Completed within the last 5 years**

Year <i>(in Chronological Order)</i>	No. of Projects

Details of each Project Completed in last 5 years shall be given in the annexed Project Description Sheet. [RG7B]

Copy of Letter of Award for each Project and Testimonials (if any) from Clients and Consultants shall be submitted.

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. [RG7C]

**3. Project of Highest Value in the last 5 years [Note 7]**

Details of the Project of Highest Value for each Class of Works (ONLY ONE Project) completed within last 5 years shall be submitted in the annexed Highest Value Project Description Sheet [RG7D]

**SECTION H**

**1. Constructional Plant/Equipment/Vehicles OWNED**

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

\* **State Currency**

**2. Constructional Plant/Equipment/Vehicles HIRED**

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 (.....) <sup>1</sup>					Total
	Year (.....)*	Year (.....)*	Year (.....)*	Year (.....)*	Year (.....)*	
<b>Total</b>						
<b>Average for the last 5 years</b>						

<sup>1</sup> **State Currency**

\* **State Year**

**SECTION I**

**Human Resources [Note 8]**

**1. Qualified Personnel**

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**

\* State 'FT' for Full Time and 'PT' for Part Time  
**Copy of Firm's Organigram shall be submitted.**

*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 9]

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 Person for Scaffolding Supervision		

## 3. Labour Force

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

Gender	No. of Skilled	No. of Unskilled	Total
Male			
Female			
<b>Total</b>			

## SECTION J

### 1. Training Facilities

Does the Firm have in-house training facilities?

Yes  No

*Provide a Statement with full details of the in-house training facilities.*

### 2. Quality Management System [Note 10]

*(Tick as appropriate)*

Yes No

- (i) Is there any Quality Management System in the Firm?
- (ii) Is the Quality Management System certified by 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 Safety and Health

Does the Firm have a Safety and Health Policy Document?

Yes  No

***Copy of the Safety and Health Policy Document, shall be submitted.***

**SECTION K**

**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 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)*

Has applicant been:

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: \_\_\_\_\_ To: \_\_\_\_\_

Grounds of Debarment/Suspension:

# PROJECT DESCRIPTION SHEET *(Section G)*

*(to be filled in for each Project)*

Sheet No.:

Project Title: .....

Class of works .....

Name and Contact Details of Client: .....

Initial Contract Value (.....):  
(State Currency) ..... (VAT exclusive)

Final Contract Value (.....):  
(State Currency) ..... (VAT exclusive)

Name of Subcontractor: .....

Value of Work Subcontracted (.....):  
(State Currency) ..... (VAT exclusive)

Start Date: ..... Scheduled Completion Date: ..... Actual Completion Date: .....

Duration of Extension of Time .....  
(in days)

Detailed Description of overall Project:

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Detailed Description of Work Subcontracted:

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**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: .....

Contract Value (.....): .....  
(State Currency) (VAT exclusive)

Percentage of works completed under the Contract: .....

Start Date: ..... Termination Date: .....

Detailed Description of overall Project:

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

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# HIGHEST VALUE PROJECT 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)

(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: .....

%

Name of Sub-contractor: .....

Final Contract Value of Work Sub-contracted (.....):

(State Currency)

(VAT exclusive)

Start Date: .....

Completion Date: .....

Detailed Description of overall Project:

Detailed Description of Work Subcontracted:

# Checklist

## Copy of documents to be submitted with Application

*(Tick as Appropriate)*

	<b>Submitted by Applicant</b>	<b>Received <i>(for Office use)</i></b>
1. Notice of Bid	<input type="checkbox"/>	<input type="checkbox"/>
2. Agreement formalising the Joint Venture/ Partnership/Association	<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 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 [RG7A] (No. :.....)	<input type="checkbox"/>	<input type="checkbox"/>
8. Details of Project undertaken in Mauritius (No. :.....)	<input type="checkbox"/>	<input type="checkbox"/>
9. Project Description Sheet [RG7B] (No. :.....)	<input type="checkbox"/>	<input type="checkbox"/>
10. Statement of Termination of Contract/ Arbitration/ Legal Proceedings [RG7C] (No. :.....)	<input type="checkbox"/>	<input type="checkbox"/>
11. Highest Value Project Description Sheet [RG7D] (No. :.....)	<input type="checkbox"/>	<input type="checkbox"/>
12. Organigram of Firm	<input type="checkbox"/>	<input type="checkbox"/>
13. Statement of In-house Training facilities	<input type="checkbox"/>	<input type="checkbox"/>
14. Brief Statement of Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
15. Certificate of Registration from Third Party Certification Body for Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
16. Safety and Health Policy Document of Firm	<input type="checkbox"/>	<input type="checkbox"/>
17. Power of Attorney/Board Resolution of Authorized Signatory	<input type="checkbox"/>	<input type="checkbox"/>
18. NIC/Passport of the Authorised Signatory	<input type="checkbox"/>	<input type="checkbox"/>
19. NIC/Passport of the Shareholder(s) / Ultimate beneficial Owner(s)	<input type="checkbox"/>	<input type="checkbox"/>
20. Shareholdings details (e.g. Share Register) of Ultimate beneficial owner, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
21. Copy of certificate of academic qualifications and professional registration for registered professionals (Applicable for Grade A+ to C)	<input type="checkbox"/>	<input type="checkbox"/>

(FOR OFFICE USE)

Remarks:

Dotted lines for handwritten notes under the Remarks heading.

			<b>Finance Section</b>
Submitted by: _____	Received by: _____		Amount Paid: _____
Signature: _____	Fees Payable: _____		Receipt No.: _____
Date: _____	Signature: _____		Received by: _____
	Date: _____		Signature: _____
			Date: _____