

APPLICATION FOR TEMPORARY REGISTRATION AS A FOREIGN CONTRACTOR

SECTION A

Name of Applicant: [Note 1]
(same as stated in Application for Provisional Registration)

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Provisional Registration Reference: [Note 1]

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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 (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.

A Non-refundable Processing Fee of Rs 10,000 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 Temporary Registration on the basis of incomplete or false information provided by the applicant.

SECTION B

1. Project Title:

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2. Client's Name:

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3. Proposed Commencement Date:

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4. Proposed Completion Date:

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5. Contract Value (Rs):

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(VAT exclusive)

Copy of Letter of Award for the Project shall be submitted.

SECTION C

1. Business Information in Mauritius

1.1 Contact Details

Telephone No.: Fax No.:

E-mail Address:

Website:

Physical Address:

1.2 Authorized Contact Person

Mr/Mrs/Ms: First Name:

Surname:

Designation:

Tel No.: Fax No.:

Mobile No.:

E-mail Address:

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.

1.4 Has applicant been subject to Insolvency, Bankruptcy or placed under Liquidation or Judicial Management since Provisional Registration was granted?
Yes No
If yes, please give a Brief Statement thereof.

1.5 Has applicant been debarred or suspended as a Contractor since Provisional Registration was granted?
Yes No
If yes, please give details in the annexed Debarment/ Suspension Data Sheet **[RG8A]**

SECTION D

Complete this Section ONLY if there has been a change with respect to corresponding information provided in the Application Form for Provisional Registration.

1. Directorship of Firm [Note 2]

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

2. Shareholdings [Note 3]

Name of Shareholders	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

3. Subsidiaries/Associated Companies in Construction Business

Name of Companies	Applicant's % Shareholding

SECTION E

Financial Standing

The information provided in this Table should be as per the last Financial Statement (Audited if available).

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

* State Year

SECTION F

Constructional Plant/Equipment/Vehicles to be deployed on the Project

Plant/Equipment/ Vehicles	Make, Model and Capacity (h.p)	Year of Registration	Owned <i>(Tick as appropriate)</i>		Hired <i>(Tick as appropriate)</i>	
			Acquired Locally	Acquired Abroad	Locally	Abroad

SECTION G

Human Resources [Note 4]

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

A Qualified Personnel should be holder of at least a First Degree.

Copy of Organigram of establishment for the Project, shall be submitted.

2. Technical Administrative Staff to be deployed on the Project [Note 5]

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 to be deployed on the Project

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

Gender	No. of Skilled		No. of Unskilled		Total
	Mauritian	Foreign	Mauritian	Foreign	
Male					
Female					
Total					

4. Subcontractors to be employed on the Project

Name of Subcontractors	Country of Origin	CIDB Registration Reference*	Description of Works to be undertaken	Contract Value of Works to be Subcontracted (Rs)

* State the CIDB Registration Reference of each Subcontractor.

Declaration

(by Authorized Signatory)

I do hereby declare that the
(Full Name in BLOCK Letters)
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 Contractor 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 Contractor, 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

DEBARMENT/SUSPENSION DATA SHEET (Section C)

(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:

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	<input type="checkbox"/>	<input type="checkbox"/>
2. Certificate of Incorporation/Registration <i>(issued in Mauritius)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. VAT Registration Certificate <i>(issued in Mauritius)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Business Registration Card <i>(issued in Mauritius)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trade Fee Receipt for current period	<input type="checkbox"/>	<input type="checkbox"/>
6. Statement of Insolvency/Bankruptcy/Liquidation/Judicial Management	<input type="checkbox"/>	<input type="checkbox"/>
7. Debarment/Suspension Datasheet [RG8A] (No:.....)	<input type="checkbox"/>	<input type="checkbox"/>
8. Financial Statements for last 5 years (Audited where available) (No:.....)	<input type="checkbox"/>	<input type="checkbox"/>
9. Organigram of establishment for the Project in Mauritius	<input type="checkbox"/>	<input type="checkbox"/>
10. Safety and Health Officers Registration Certificate <i>(issued in Mauritius)</i> (No:.....)	<input type="checkbox"/>	<input type="checkbox"/>
11. Power of Attorney/Board Resolution of Authorized Signatory	<input type="checkbox"/>	<input type="checkbox"/>

(FOR OFFICE USE)

Remarks:

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Finance Section		
Submitted by:	Received by:	Amount Paid:
Signature:	Fees Payable:	Receipt No.:
Date:	Signature:	Received by:
	Signature:	Signature:
		Date:

Date:.....

**The Executive Director
Construction Industry Development Board
5th Floor, Mutual Aid Building II
5, Guy Rozemont Square
Port Louis**

Undertaking from Consultant for Foreign Professionals deployed in Mauritius

1) I, Mr/Mrs/Ms^{Note1}, hereby declare that I am the Managing Director/ Chief Executive Officer/ Authorised Representative ^{Note2} of^{Note3}, bearing Registration No^{Note4}, having its registered address at^{Note5}

2) This is to certify that all Foreign Professionals deployed by^(Note6), for the project mentioned below, will apply for and obtain registration with the relevant professional councils such as the Council of Registered Professional Engineers (CRPE), Professional Architects' Council (PAC) and Professional Quantity Surveyors' Council (PQSC), if applicable, before commencement of services.

Details of Project:

Name of project :
Client's Name :
Date of Award :
Client's Contact Details:

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 :

[Insert Letterhead of Company]

4) I^(Note 7), holding NIC No./ Passport No.
.....^(copy of ID Card/ Passport to be enclosed), hereby
declare that the information given in this letter of undertaking are true and correct. I agree and
understand that in case I provide willful misstatement, the CIDB may suspend or cancel the
registration of the above firm as per the provisions of the CIDB Act.<sup>(Power of Attorney/ Board Resolution
for Authorised Signatory to be enclosed)</sup>

Signature of
Authorised
Signatory : Date :

[Insert Letterhead of Company]

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.