

APPLICATION FOR PROVISIONAL REGISTRATION AS A JOINT VENTURE CONTRACTOR

SECTION A

Name of Joint Venture: [Note 1]

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Last Registration Reference issued by CIDB (if any)

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Information

This Form is also available at <http://www.cidb.mu> and may 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 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.

In case any party to the Joint Venture is a non-citizen or a foreign entity, that party shall concurrently make an Application for Provisional Registration as a Foreign Contractor. [Refer to Application Form and Notes for Provisional Registration as a Foreign Contractor].

There is no processing fee for Provisional Registration, but a Registration fee of MUR 5000 is applicable.

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 [see 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 [see Note 3]

A+ A B C D E F
G H

Please specify below

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SECTION D

1. Business Information

1.1 Business Registration

Has the Joint Venture been registered as a legal entity?

Yes No

If yes, please give the following details

Date of Registration:

Country where registered:

Copy of (i) Joint Venture Agreement or any document formalizing the Joint Venture & (ii) Certificate of Registration of Joint Venture entity, shall be submitted.

1.2 Contact Details

Telephone No.: Fax No.:

E-mail Address:

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 Has applicant or any party to the Joint Venture ever been subject to Insolvency, Bankruptcy or placed under Liquidation or Judicial Management?

Yes No

If yes, please give a Brief Statement thereof.

1.5 Has any party to the Joint Venture ever been debarred or suspended as a Contractor?

Yes No

If yes, please give details in the annexed Debarment / Suspension Data Sheet **[RG9A]**

SECTION E

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 the eventual application for Temporary Registration as a Joint Venture 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 the 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 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 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:

