



CIDA/DEV/FCR/WI/24

Construction Industry Development Authority
"Savsiripaya"123, WijeramaMawatha,
Colombo 07,
Phone : 011-2686089 | Fax : 011-2686089
E-mail : cidadevelopment@gmail.com
Website : www.cida.gov.lk



Publication No -CIDA/ID/21

Application for Temporary Registration as a Foreign Contractor *(This application should be read in conjunction with the Instruction to the application-*

Specify number of additional sheets provided

SECTION A

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

Previous temporary Registration References (if any): [Note 1]

Information

This Form is also available at www.cida.gov.lk and may be filled in electronically. However it should be signed and submitted to CIDA, in hard copy together with all the relevant documents as per the attached checklist.

Applicant shall read the Construction Industry Development Authority (Registration of Consultants and Contractors) Regulations and the Notes to this Form available at www.cida.gov.lk 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.

CIDA shall not be held liable for any delay in processing the Application in case of incompleteness or inaccuracy of information.

CIDA shall not have any liability whatsoever in case it refuses to grant a Temporary Registration on the basis of incomplete or false information provided in the Provisional/ Temporary Application.

0.01% of the contract value of the project is considered as fees for Temporary Registration, as given under instructions.

SECTION B

1. Project Title :

2. Client's Name:

3. Proposed Commencement Date:

4. Proposed Completion Date:

5. Contract Value (Rs):

(VAT exclusive)

Copy of Letter from the client intending to award the Contract shall be submitted.

SECTION C

1. Business Information in Sri Lanka.

1.1 Contact Details

Telephone No:

Fax No:

E-mail Address:

Website:

Physical Address:

<p>1.2 Authorized Contact Person</p> <p>Mr/Mrs/Ms:..... First Name:.....</p> <p>Surname:</p> <p>Designation:</p> <p>TelNo:Fax No:</p> <p>Mobile No:</p> <p>E-mail Address:</p>	<p>Note</p> <p><i>Copies of (i) Certificates of Incorporation/Registration, (ii) Fee Receipt for current period issued by the relevant Authorities in Sri Lanka, shall be submitted.</i></p> <hr/> <p>1.4 Has applicant been subject to Insolvency, Bankruptcy or placed under Liquidation or Judicial Management? (In Sri Lanka or /and elsewhere.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give a Brief Statement thereof.</p>
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<p>1.3 Business Registration</p> <p>a.)Foreign Date of Incorporation/Registration:</p> <p>b.)Local Date of Incorporation/Registration.....</p> <p>VAT Registration No. : <i>(If applicable)</i></p>	<p>1.5 Has applicant been debarred/subjected to disciplinary action due to poor Performance defects/financial misconduct or suspended as a Construction Contractor since incorporation? In Sri Lanka or (State if it is in another country) in previous instances?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details in the annexed performance defects/financial misconduct/suspension Data Sheet [.....]</p>
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SECTION D

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 Director² State Name of other Construction Companies in which incumbent is also a Director.

2. Shareholdings[Note 3]

Name of Directors	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 recent two years Financial Statements (Audited if available) It has to be certified.

Details	Year (.....)* (Details for Recent two years)	Year (.....)*
Currency		
Current Assets		
Fixed Assets		
Current Liabilities		
Net Profit after Tax		
Depreciation		
Long-Term Liabilities		

* Annual Turn Over

SECTION F

Details of Past Performance (Attach extra sheets if necessary)

- (I) Details of similar / major projects carried out on country of main registration and other countries during the last 05 years.
 - (Country of Main Registration -)

Project	Value	Year of Completion

- (II) Details of similar / major projects carried out in Sri Lanka during the last 05 years.

Project	Value	Year of Completion

(III) Details of work in hand/ awarded projects/ pending in Sri Lanka

Project	Value	Date of Award

SECTION G

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

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

SECTION H

Human Resources[Note 4]

1. Qualified Personnel

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

SN	Name	Passport Number	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/ Supervisor Staff (Diploma Holder)		
Non-Qualified Technical / Supervisor 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	For screening, information and medical services please contact, 1. For HIV - 011 2667163 2. For TB - 011 2368386 3. For Malaria - 011 2588408
	Sri Lankan	Foreign	Sri Lankan	Foreign		
Male						
Female						
Total						

Note: Medical Teststo be carried out on arrival for HIV, Malaria and Tuberculosis& reports to be maintained for inspection.
Please contact Health Services of Ministry of Health in this regard.

4. CIDA registered contractors / Sub contractors/JV formations (with the registration numbers) to be employed on the Project

Name of Subcontractors/ Contractors JVs (of CIDA)	CIDA Registration Reference*	Description of Works to be undertaken	Contract Value of works to be subcontracted (Rs)

* State the CIDA Registration Reference of each Subcontractor

SECTION I

Declaration

(by Authorized Signatory)

I.....
(Full Name in BLOCK Letters)

Of do hereby
(local address)

declare that the information given on this Application Form, the information submitted in the documents attached hereto and the information submitted in the application for Temporary Registration as Foreign Contractor are to the best of my knowledge true and correct.

I also confirm that information submitted in Section D, are still valid.

I authorize the Construction Industry Development Authority to conduct any enquiry if require, from any third party in order to verify the accuracy of the information provided.

I understand that any false declaration or information provided with respect to this application is an offence which will be treated under the disciplinary procedure as per the criterion for registration & grading of construction contractors, CIDA/ID/10 and/or rejection of this application and/or cancellation/suspension of any other registration with the Board in accordance with the Construction Industry Development Authority Act and Regulations there under.

Further, I understand that Performance Defects informed by clients to the attention of CIDA will be treated under the disciplinary procedure similarly to Domestic Contractors as per the same guideline CIDA/ID/10

Authorized Signature :

Name :

Designation :

Date :

Seal of Company

The foregoing contents were read over and explained to the deponent by me and having understood same affirm/swear to and placed his/her signature in my presence at

.....
Signature on Rs.50/- Stamp
deponent before me
Justice of the peace

DEBARMENT/SUSPENSION DATA SHEET (Section C)

(to be filled in for each Debarment/Suspension)

Sheet No.:

Has the applicant been:

Debarred Suspended

Details of the Authority imposing the Debarment/Suspension:

Name :

Address :
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Tel No. : Fax No.

Email Address :

Country :

Period of Debarment/Suspension: From: To:

Grounds of debarment/Suspension:
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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. A letter from the client intending to award the contract (Letter of Intent)
2. Contract data to confirm commencement and completion of the project
3. Certificate of Incorporations/Registration *(issued in Sri Lanka or elsewhere)*
4. Government Fee Receipt for current period
5. Statement of Insolvency/Bankrupt/Liquidation/Judicial management
6. Debarment/Suspension Datasheet (No:.....)
7. Financial Statements for last 5 years (Audited where available) (No:.....)
8. Organization or establishment for the Project in Sri Lanka
9. Safety and Health Officers Registration Certificate *(issued in Sri Lanka)* (No:.....)
10. Power of Attorney/Board Resolution of Authorized Signatoy
11. A copy of Business Registration – Local
12. Completion Certificates / Deetails of relevent projects completed within last 5 years.

<input type="checkbox"/>	<input type="checkbox"/>
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(FOR OFFICE USE)

Remarks:

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Submitted by:..... Signature: Date:	Received by: No. of Additional Sheets :..... Fees Payable :..... Signature: Date :.....	Finance Section Amount Paid:..... Receipt No:..... Received by:..... Signature:..... Date :.....
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• **Please add extra pages if necessary to furnish information, under any of the items in the application.**

