

APPLICATION FOR REGISTRATION OF A SRI LANKAN CONSULTANCY PRACTICE/FIRM

For Office Use

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10 Turn over during last 05 yrs

[illegible]

11	Past Experience as a Consultancy Firm at least 05 projects (Pl. Attach completion certificates. If space is not adequate please use separate A4 size sheet)
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1	Project Name													
2	Consultancy Service Provided													
3	Nature of Service													
4	Period (Months)													
5	No. of QP Staff Deployed	Q1	Q2	Q3		Q4	Q5							
6	Total Value (Rs. M)													
7	Client Name & Contact No													

12	List of Services carried out by the Practice (If space is not adequate please use separate A4 size sheet)
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[illegible]

13	Declaration by the Applicant
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I hereby confirm that the details furnished by me in this application and in the attached documents are true and accurate.
I am aware that in case of providing false information, CIDA and/or the relevant Professional Body/ Board of Registration/ Council has the discretion to reject the application or cease/cancel the registration of practice at anytime, if such registration

14	Name of Authorized Applicant	Authorised letter attached
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Authorised letter attached

Signature:		Date		D	D	M	M	Y	Y	Y	Y
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Signature:		Date		D	D	M	M	Y	Y	Y	Y
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Signature:		Date		D	D	M	M	Y	Y	Y	Y
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Form 2- Checklist for Practices / Firms Registration

15	Checklist of Documents Furnished with the Application
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The Applicant shall ensure that certified copies of all applicable documents as required are furnished with the

A	B Remarks, if any
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a ☐ Business Registration Certificate ☐

b	Relevant Statute authorizing to carry out consultancy services	
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c	Board Resolution to register the Consultancy Practice with CIDA	
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d. ☐ Details of Proprietor or Partners or Directors of the Private Limited Company/ Heads of Consultancy unit/s Government Statutory Body/ Government Department ☐

e	Details of Shareholders in the Body Corporate	
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f	List of Services intend to Practice	
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g	Partnership Agreement/MOU	
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h	Joint Venture Agreement among Sri Lankan Practice/s with Foreign Practice/s	
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i	TIN registration	
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j	Practice Registration Certificate issued by ARB/ IESL/ECSL/IQSSL for the organization	
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k	Details of Qualified persons, proof of qualifications, membership details
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1	Project completion certificates	
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16 Receipt of Application *(to be filled by CIDA)*

We acknowledge receipt of the application and attached documents submitted by the Applicant as given above.

[illegible][illegible]

Date received

D	D	M	M	Y	Y	Y	Y
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 Signature and Official Stamp

Date received

D	D	M	M	Y	Y	Y	Y
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 Signature and Official Stamp

Date received

D	D	M	M	Y	Y	Y	Y
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 Signature and Official Stamp

for **Construction Industry Development Authority**