Application CIDA-QPF-BA1 CIDA/DEV/QP/FO/64 CONSTRUCTION INDUSTRY DEVELOPMENT AUTHORITY APPLICATION FOR REGISTRATION OF A SRI LANKAN CONSULTANCY PRACTICE/FIRM For Office Use Please type or use block letters to fill the form. Please read the attached "Notes to the Applicants" carefully before filling up this form. Name of the Firm Registered Address Office Address (if different from registered address) Telephone No./s Fax No./s E-mail Website Business Registration No. **Date of Registration** TIN No. EPF No. 6 ARB **Date of Registration** Practice Registration No. **ACESL Date of Registration** (Issued by relevent Professional Body/ Board of Registration / other IOSSI **Date of Registration** Council) specify Type of Practice/Business /Employee (Please tick off in the checkbox as appropriate) Private Limited Company Individual Practice Sole Proprietorship Partnership Government Statutory Body empowered by Statute to Government Department empowered by Statute to carry out carry out consultancy services for construction works consultancy services for construction works Joint Venture among Sri Lankan Practice/s with Foreign Practice/s Other specify List of Present Owner/s/ Partners/ Director/s and Shareholders of the Practice/Business Entity (If space is not adequate please use separate A4 size sheet) Position NIC No. / Passport No. (%)Own/Share Name with Initials Person Registration No 4 9 Qualifications of Professional Staff (If space is not adequate please use separate A4 size sheet as numbered annexes) Staff (v) Name NIC No. Prof. Qualification & Membership No. Permanent Contract 4 Issue No.: 01 Rev. No. 01 DOI: 15.10.2019 DOR: 26.04.2022

10	Turn over during last 05 yrs															
	Year	V	alue (F	<b>Rs. M</b> )	)								$\perp$			
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	Past Experience as a Consultancy Firm at least 05 proj	ects (	Pl. Att	ach c	omp	letion	n cer	tific	cates.	If spa	ace i	s no	t ad	equa	ite	
	please use separate A4 size sheet)  1 Project Name															
	2 Consultancy Service Provided									П						
	3 Nature of Service										+					
	4 Period (Months)								$\Box$							
	5 No. of QP Staff Deployed	Q1		0	Q2 Q3					Q4		Q5				
	6 Total Value (Rs. M)	1					ζ,			<u> </u>				Ĭ		
	7 Client Name & Contact No													+		
12	List of Services carried out by the Practice (If space is not a	dequate	e please u	se separ	ate A	4 size si	heet)									
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13	Declaration by the Applicant							_								$\dashv$
		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,	-													trati	on/
	Council has the discretion to reject the application or c						_						-	_		
14	Name of Authorized Applicant		A	uthor	ised	lette	r atta	ache	ed							
	Signature:									Date	Ъ	Б	) / ) /	g X7	X7 X	7 37
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	12- Checklist for Practices / Firms Registration															
	<b>Checklist of Documents Furnished wi</b>	th t	he A	ppli	ica	tion	1									
	The Applicant shall ensure that certified copies of all							uire	d are	furn	ishe	d w	ith t	he		
	<b>A</b> _							В	Rem	arks,	if aı	ny				
a	Business Registration Certificate															
b	Relevant Statute authorizing to carry out consultancy service	es														
c	Board Resolution to register the Consultancy Practice with 0	Board Resolution to register the Consultancy Practice with CIDA														
d	Details of Proprietor or Partners or Directors of the Pri				any/	Head	ds of									
	Consultancy unit/s Government Statutory Body/ Government	it Dep	artment													
e	Details of Shareholders in the Body Corporate															
f	List of Services intend to Practice															
g	Partnership Agreement/MOU															
h	Joint Venture Agreement among Sri Lankan Practice/s with	Foreig	gn Pract	ice/s												
i	TIN registration						ļ	_								_
j	Practice Registration Certificate issued by ARB/IESL/ECSL/	IQSSL	for the	organi	izatio	on										
k	Details of Qualified persons, proof of qualifications, member	ership	details													
1	Project completion certificates						Ī									$\Box$
10	B. A. CA. P. A.															=
	Receipt of Application (to be filled by CIDA) We acknowledge receipt of the application and attach	nod d	0.011***	nte er	hm	itted	by #L	10 A	nnlie	ont o		VO.	obo			$\dashv$
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