



POINTS

TRADER`S LICENSE NO

CATEGORY OBTAINED

CURRENT CATEGORY

ASSESSOR`S INITIALS

ISSUED BY

**A
FOR OFFICE USE ONLY**

APPLICATION FOR CATEGORISATION AND REGISTRATION OF BUILDING CONTRACTORS

MINISTRY OF PUBLIC WORKS

OFFICE OF THE DIRECTOR – BUILDING DESIGN SERVICES

P. O. BOX 330 MASERU 100 LESOTHO

[Tel: 22311362] [Fax: 22323596]

TO : DIRECTOR – BUILDING DESIGN SERVICES

DATE : Day_____Month_____20

I, THE UNDERSIGNED CERTIFY UNDER OATH, THE TRUTH AND CORRECTNESS OF ALL STATEMENTS AND ALL ANSWERS TO THE QUESTIONS MADE HEREINAFTER:

NAME OF APPLICANT IN FULL (IN CAPITALS)

SIGNATURE OF APPLICANT

COMMISSIONER OF OATHS_____

Date Stamp

GENERAL INFORMATION TO APPLICANTS

GENERAL NOTE: ALL INFORMATION SUPPLIED IN THIS APPLICATION MUST BE ACCOMPANIED BY SUPPORTING DOCUMENTS.

- 1. All applicants should submit ORIGINAL certificates of Trader's Licence, Company registration (extract) and Tax Clearance while collecting the application form.**
- 2. Any false information supplied in this form shall automatically disqualify the applicant.**
3. This application form should be submitted by all applicants for categorisation and registration
4. All applicants should submit this application form on or before 31st March and 30th September each year.
5. The information in this form when evaluated will determine the category of each applicant i.e. A
6. It is important that the applicant answers each and every question fully, with supporting documents where required. (all certified copies should not be more than three months old)
7. The applicant must NOTE that he/she shall be called in for interview on some or all responses and these must be verified physically. The applicant may also be requested to provide further evidence in support of responses.
8. The applicants must note that no individual or company shall be allowed to register more than one building construction company with Ministry of Public Works and Transport.
9. The category of each contractor shall be reviewed after every three years.
10. Any contractor may request that his/her category be reviewed within the period stated in (9) above.
11. In the event of change of ownership the new owner shall apply for categorisation and registration.
12. Potential contractors are expected to have own plant.
- 13. Keep the form in the order which you received it and attach additional information in sequence at the back**

- 1.0 IDENTIFICATION
- 2.0 FINANCE
- 3.0 RESOURCES
- 4.0 PREVIOUS EXPERIENCE

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	SECTION	MAXIMUM	POINTS AWARDED	REMARKS
1.0	IDENTIFICATION	7		
2.0	FINANCE	15		
3.0	RESOURCES	48		
4.0	EXPERIENCE	30		
	TOTAL	100		
	GRADE AWARD RECOMMENDED			

GRADING

POINTS CATEGORY

80 and above	A

1.0 **IDENTIFICATION**

1.1 Name of Company _____

1.2 Address: _____

Telephone: _____ Fax: _____ Cell phone: _____

1.3 STATE WHETHER YOU ARE (PLEASE TICK ONE ONLY)

A. COMPANY _____ D. SUBSIDIARY _____

B. PARTNERSHIP _____ E. JOINT VENTURE _____

C. INDIVIDUAL _____ F. ANY OTHER SPECIFY _____

A CERTIFIED COPY OF COMPANY / PARTNERSHIP// SUBSIDIARY MEMORANDUM AND ARTICLES OF ASSOCIATION MUST ACCOMPANY THIS APPLICATION.

1.4 NAME **YOUR** BUSINESS REPRESENTATIVE TO BUILDING DESIGN SERVICES
[YOU, THE APPLICANT CANNOT BE A BUSINESS REPRESENTATIVE OF ANOTHER REGISTERED CONTRACTOR OR APPLICANT]

[THE ABOVE REPRESENTATIVE MUST BE QUALIFIED IN THE BUILDING CONSTRUCTION TRADES, ATTACH CERTIFIED COPY OF CERTIFICATE]

ALTERNATIVE REPRESENTATIVE

[THE ABOVE REPRESENTATIVE MUST BE QUALIFIED IN THE BUILDING CONSTRUCTION TRADES, ATTACH CERTIFIED COPY OF CERTIFICATE]

1.5 IF COMPANY / PARTNERSHIP / SUBSIDIARY / JOINT VENTURE, PLEASE STATE NAME, HOME ADDRESS AND NATIONALITY OF PRESIDENT / MANAGING DIRECTOR

1.5.1 IF INDIVIDUAL, PLEASE STATE YOUR FULL NAME AND PHYSICAL HOME ADDRESS AND ATTACH A CERTIFIED COPY OF A VALID PASSPORT

1.6 DATE, PLACE AND COUNTRY OF REGISTRATION AS A BUILDING CONTRACTOR
[ATTACH PROOF OF REGISTRATION]

1.7 DATE OF LESOTHO REGISTRATION OR INCORPORATION _____

1.8 PERCENTAGE OF SHARES HELD BY LESOTHO CITIZENS _____

1.9 PERCENTAGE OF LOCAL [LESOTHO CITIZENS] EMPLOYEES _____

1.10 YOUR NATIONALITY [CITIZENSHIP] _____

1.11 YOUR TECHNICAL EXPERIENCE **IN BUILDING INDUSTRY** [In Years] _____

1.12 YOUR EXPERIENCE IN BUSINESS AS **BUILDING CONTRACTOR** [In Years] _____

2.0 **FINANCE**

2.1 NAME OF YOUR BANK _____

2.2 ADDRESS OF YOUR BANK _____

2.3 NAME OF **YOUR** BUSINESS ACCOUNTANT _____

2.4 THE MINISTRY OF WORKS MAY WISH TO CONTACT YOUR BANK TO ENQUIRE ABOUT THE FINANCIAL STANDING OF YOUR COMPANY. THE CONTRACTOR IS REQUESTED TO SIGN THE DECLARATION BELOW STATING PERMISSION TO MINISTRY IF WORKS [MoW] TO DO THIS.

I, _____ OF _____ GIVE

PERMISSION TO MINISTRY OF PUBLIC WORKS AND TRANSPORT, BDS CONTRACTORS REGISTRATION COMMITTEE TO CONTACT THE COMPANY'S BANK TO ENQUIRE ABOUT THE FINANCIAL STANDING OF MY COMPANY.

Signed for [COMPANY] _____ NAME _____

2.5 DO YOU HAVE AUTHENTIC AUDITED BOOKS OF ACCOUNTS? YES / NO _____
[AUTHENTIC AUDITED BOOKS OF ACCOUNTS ARE PREPARED BY A REGISTERED ACCOUNTANT OR ACCREDITED BY LESOTHO REVENUE AUTHORITY]

THE CONTRACTOR IS REQUIRED TO LODGE THE AUDITED ACCOUNTS OF THE COMPANY FOR THE LAST 3 YEARS. LIST THE YEARS FOR WHICH ACCOUNTS ARE SUPPLIED

2019 TO 2020 _____

2020 TO 2021 _____

2021 TO 2022 _____

2.6 IF AUDITED ACCOUNTS ARE NOT AVAILABLE, PLEASE EXPLAIN WHY AND FOR WHICH YEARS

2.7 WHAT IS THE VALUE OF YOUR CURRENT LIQUID ASSETS **M** _____

This must be supported by documentation: Bank Statements, Overdraft / Loan Facility Letter of credit from a Financial Institution e.g. Bank, Credit Union or Insurance Company.

2.8 NAMES OF FINANCIAL INSTITUTIONS / COMPANIES WHO EXTEND YOU CREDIT
Submit **Authentic** Credit Letters from these Creditors

INSTITUTION / COMPANY	AMOUNT	PERIOD
A _____	M _____	_____
B _____	M _____	_____
C _____	M _____	_____
D _____	M _____	_____

3.2 HUMAN RESOURCE [Attach Certified copies of Certificates for 3.2 to 3.2.11]

3.2.1 MANAGER /DIRECTOR (SHAREHOLDER/OWNER) _____ MUST DELEGATE HIS POWER OF ATTORNEY TO THE PROJECT MANAGER IN THE CASE WHEREBY SHE/HE DOES NOT POSSESS QUALIFICATION IN ANY OF THE BUILT ENVIROMENT DISCIPLINES

QUALIFICATIONS _____

EXPERIENCE _____

3.2.2 CONTRACT / PROJECT MANAGERS

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.3 GENERAL FOREMAN

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.4 LAND SURVEYOR

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.5 TECHNICIAN (Architecture)

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.6 TECHNICIAN (Structural)

NAME QUALIFICATIONS EXPERIENCE [YRS]

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3.2.7 TECHNICIAN (Quantity Surveyor)

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.8 TECHNICIAN (Electrical)

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.9 HEALTH & SAFETY INSPECTOR

NAME QUALIFICATIONS EXPERIENCE [YRS]

5.0 **GENERAL**

5.1 **TRAINING IN BUILDING TRADES**

5.1.1 DO YOU PROVIDE TRAINING FACILITIES IN YOUR COMPANY, IF YES, WHAT KIND?

5.1.2 PLEASE STATE THE NUMBER OF PERSONS TRAINED BY YOU IN THE LAST **12 MONTHS**

5.2 PLEASE PROVIDE YOUR BUSSINESS REFERENCES [i.e. SUPPLIERS, SUBCONTRACTORS, CLIENTS, CUSTOMERS] AT LEAST THREE WITH NAME, ADDRESS AND TELEPHONE No.S

A	<hr/>	B	<hr/>
	<hr/>		<hr/>
	<hr/>		<hr/>
Tel:	<hr/>	Tel:	<hr/>
C	<hr/>	D	<hr/>
	<hr/>		<hr/>
	<hr/>		<hr/>
Tel:	<hr/>	Tel:	<hr/>

5.3 HAVE YOU EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU UNDER THE STYLE, WHICH YOU APPLY NOW, OR ANY OTHER STYLE? IF YES, STATE CIRCUMSTANCES

5.4 HAS THE PENALITY CLAUSE BEEN INVOKED AGAINST YOU ON ANY PROJECT? IF YES, STATE BY WHOM, ON WHAT ISSUE, UNDER WHAT CIRCUMSTANCES.

5.5 HAVE YOU EVER GONE TO ARBITRATION ON ANY PROJECT? IF YES, STATE WITH WHOM, ON WHAT ISSUE UNDER WHAT CIRCUMSTANCES.

5.6 HAVE YOU, ANY PARTNER OF YOUR ORGANISATION EVER BEEN CONVICTED AS RESULT OF A BANKRUPTCY OR LIQUIDATION OF A COMPANY? YES / NO _____ IF YES, GIVE DETAILS

5.6 HAVE YOU / YOUR COMPANY HAD ANY LITIGATION WITH YOUR SUPPLIERS / SUB-CONTRACTORS? YES / NO _____ IF YES, GIVE DETAILS

PLEASE NOTE:

ALL COPIES OF ANY DOCUMENTS, CERTIFICATES ETC. MENTIONED BY YOU IN THE RESPONSES TO THE QUESTIONNAIRE MUST BE CERTIFIED COPIES. (NOT MORE THAN THREE MONTHS OLD)