



POINTS

TRADER'S LICENSE NO

CATEGORY OBTAINED

CURRENT CATEGORY

ASSESSOR'S INITIALS

ISSUED BY

**D
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 owner or shareholder i.e. Qualification in any of the Built Environments Disciplines when submitting 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 categorization and registration
4. All applicants should submit this application form on or before **31st March or 30th June or 30th September or 30th December** each year.
5. The information in this form when evaluated will determine the category of each applicant i.e. D
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 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 categorization and registration.
12. Potential contractors are expected to have own plant.
13. **Keep the form in the order which you received and attach additional information in sequence at the back**

- 1.0 IDENTIFICATION
- 2.0 FINANCE
- 3.0 RESOURCES

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	SECTION	MAXIMUM	POINTS AWARDED	REMARKS
1.0	IDENTIFICATION	7		
2.0	FINANCE	10		
3.0	RESOURCES	83		
	TOTAL	100		
	GRADE AWARD RECOMMENDED			

GRADING

POINTS

CATEGORY

40 -100	D

1.0 **IDENTIFICATION**

1.1 Name of contractor _____

1.2 Address: _____

Telephone: _____ Fax: _____ Cell phone: _____

1.3 PLEASE STATE YOUR FULL NAME AND PHYSICAL HOME ADDRESS AND ATTACH A CERTIFIED COPY OF A VALID PASSPORT

1.4 DATE OF LESOTHO REGISTRATION WITH MINISTRY OF TRADE AND INDUSTRY _____

1.5 PERCENTAGE OF SHARES HELD BY LESOTHO CITIZENS _____

1.6 PERCENTAGE OF LOCAL [LESOTHO CITIZENS] EMPLOYEES _____

1.7 YOUR NATIONALITY [CITIZENSHIP] _____

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

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

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 _____

3.0 RESOURCES

3.1.1 IMMOVABLE PROPERTY [Indicate whether Rented or Company owned, Attach form C or lease or sub lease]

3.1.2 PHYSICAL ADDRESS OF REGISTERED OFFICE _____

3.1.3 APPROXIMATE AREA OF YOUR OFFICE [M²] _____

3.1.4 APPROXIMATE AREA OF YOUR YARD [M²] _____

3.1.5 APPROXIMATE AREA OF YOUR WORKSHOP/ STORE [M²] _____

3.1.6 **OFFICE EQUIPMENT**

TELEPHONE/CELL _____ No./S _____

TELEFAX/INTERNET _____ FAX No/ EMAIL ADDRESS _____

COMPUTER/S _____ COPIER/S _____

3.1.7

BASIC EQUIPMENT

[WHERE APPLICABLE FURNISH CERTIFIED COPIES OF BLUE CARDS IN THE NAME OF THE COMPANY OR OWNER]

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.2 HUMAN RESOURCE [Attach Certified copies of Certificates for 3.2.1 to 3.2.8]

3.2.1 **MANAGER /DIRECTOR (OWNER)** _____

QUALIFICATIONS _____

EXPERIENCE _____

3.2.2 **GENERAL FOREMAN**

NAME

QUALIFICATIONS

EXPERIENCE [YRS]

3.2.3 FIRST AID

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.4 SKILLED TRADESMEN: CARPENTERS

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.5 SKILLED TRADESMEN: PLUMBERS

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.6 SKILLED TRADESMEN: BRICKLAYERS

NAME QUALIFICATIONS EXPERIENCE [YRS]

3.2.7 SKILLED TRADESMEN: PAINTERS

NAME	QUALIFICATIONS	EXPERIENCE [YRS]

3.2.8 TOTAL

TRADESMEN	TOTAL	AVERAGE EXPERIENCE IN YEARS
Numbers of CARPENTERS		
Numbers of PLUMBERS		
Numbers of BRICKLAYERS		
Numbers of PAINTERS		
Numbers of LABOURES		

3.3 FURTHER INFORMATION THAT MAY ENHANCE THIS APPLICATION CONCERNING THE RESOURCES OF YOUR ORGANISATION

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)