



POINTS

TRADER'S LICENSE NO

CATEGORY OBTAINED

CURRENT CATEGORY

ASSESSOR'S INITIALS

ISSUED BY

C
FOR OFFICE USE ONLY

APPLICATION FOR CATEGORISATION AND REGISTRATION OF ELECTRICAL 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.

All applicants should submit ORIGINAL certificates of Trader's Licence, Qualification in any of the Electrical disciplines of shareholder or owner, Company registration (extract), LEC registration certificate and Tax Clearance while collecting the application form.

1. Any false information supplied in this form shall automatically disqualify the applicant.
2. This application form should be submitted by all applicants for categorisation and registration
3. All applicants should submit this application form on or before 31st March and 30th September each year.
4. The information in this form when evaluated will determine the category of each applicant i.e. C.
5. It is important that the applicant answers each question fully, with supporting documents where required. (all certified copies should not be more than three months old)
6. 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.
7. The applicants must note that no individual or company shall be allowed to register more than one electrical company with Ministry of Public Works and Transport.
8. The category of each contractor shall be reviewed after every three years.
9. Any contractor may request that his/her category be reviewed within the period stated in (9) above.
10. In the event of change of ownership, the new owner shall apply for categorisation and registration.
11. Potential contractors are expected to either have own plant or be able to hire.
12. **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

45 and above	C

1.0 IDENTIFICATION

- 1.1 Name of Contractor _____
- 1.2 Address _____
- Telephone _____ Fax: _____ Cell Phone: _____
- 1.3 STATE WHETHER YOU ARE (PLEASE TICK ONE ONLY)
- | | | | |
|---------------|-------|----------------------|-------|
| A. COMPANY | _____ | D. SUBSIDIARY | _____ |
| B. PARTNESHIP | _____ | E. JOINT VENTURE | _____ |
| C. INDIVIDUAL | _____ | F. ANY OTHER SPECIFY | _____ |

A CERTIFIED COPY OF COMPANY/PARTNESHIP/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 ELECTRICAL WORKS IN THE BUILDING CONSTRUCTION TRADES, ATTACH CERTIFIED COPY OF CERTIFICATE}

ALTERNATIVE REPRESENTATIVE

{THE ABOVE REPRESENTATIVE MUST BE QUALIFIED IN ELECTRICAL WORKS IN THE BUILDING CONSTRUCTION TRADES, ATTACH CERTIFIED COPY OF CERTIFICATE}

- 1.5 IF COMPANY/PARTNESHIP/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 VALID PASSPORT

- 1.6 DATE, PLACE AND COUNTRY OF REGISTRATION AS ELECTRICAL 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 CONSTRUCTION INDUSTRY [In years] _____
- 1.12 YOUR EXPERIENCE IN BUSINESS AS ELECTRICAL 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 STANDARD OF YOUR COMPANY. THE CONTRACTOR IS REQUESTED TO SIGN THE DECLARATION BELOW STATING PERMISSION TO MINISTRY OF WORKS [Mow] TO DO THIS.

I, _____ OF _____ GIVE
PERMISSION TO MINISTRY OF PUBLIC WORKS, 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 OR ACCOUNTS ARE PREPARED BY A REGISTERED
ACCOUNTANT OR ACREDITED BY LESOTHO REVENUE AUTHORITY]

THE CONTRACTOR IS REQUIRED TO LODGE THE AUDITED ACCOUNTS OF THE COMPANY FOR
THE LAST 3 YEARS. LIST THE YEARS 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 YOUR CREDIT

[Submit **Authentic** Credit Letters from these Creditors]

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

3.0 RESOURCES

3.1 OFFICE

3.1.1 IMMOVABLE PROPERTY [Indicate whether Rented or Company owned, attached 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 WORKSHOP/STORE [M²] _____

3.1.5 OFFICE EQUIPMENT

TELEPHONE/CELL _____ No./S _____

TELEFAX/INTERNET _____ FAX NO/EMAIL ADDRESS _____

COMPUTER/S _____ COPIER/S _____

3.1.6 PLANT, VEHICLE& EQUIPMENT

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

3.1.7 PLANT

Number	Type	Make	Registration/Serial No

3.1.8 VEHICLES

Number	Type/Model	Make	Registration/Serial No

3.1.9 EQUIPMENT

Number	Type/Model	Make	Registration/Serial No

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 [IN YEARS] _____

3.2.2 GENERAL FOREMAN

NAME	QUALIFICATIONS	EXPERIENCE [YRS]

3.2.3 TECHNICIAN

NAME	QUALIFICATIONS	EXPERIENCE [YRS]

3.2.4 FIRST AID OFFICER

3.2.5 ELECTRICIANS

NAME	QUALIFICATIONS	EXPERIENCE [YRS]

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

4 EXPERIENCE AS AN ELECTRICAL CONTRACTOR

LIST ALL OPRINCIPAL PROJECTS CARRIED OUT IN THE LAST THREE YEARS (IN CHRONOLOGICAL ORDER)

****THIS PAGE IS TO BE PHOTOCOPIED FOR EACH PROJECT***

4.1 PROJECT_____

4.1.1 LOCATION_____

4.1.2 ELECTRICAL CONTRACTOR_____

4.1.3 YOUR INVOLVEMENT_____

4.1.4 ARCHITECT/CONSULTANT_____

4.1.5 CLIENT_____

4.1.6 CONTRACTOR PERIOD [WEEKS]_____

4.1.7 DATE: START_____FINISH_____

4.2 TYPE OF INSTALLATION

INDUSTRY/COMMERCIAL/DOMESTIC_____

A. NUMBER OF LIGHTING POINTS_____

B. NUMBER OF SOCKET OUTLETS_____

C. NUMBER OF HEATING POINTS_____

D. NUMBER OF EMERGENCY LIGHTS_____

E. NUMBER OF FIRE ALARM POINTS _____

F. NUMBER OF FIRE ALARM DETECTORS_____

G. NUMBER OF MOTIVE POWER POINTS_____

4.3 SIZE OF MAIN INCOMING CIRCUIT BREAKER_____

4.4 TOTAL INSTALLED LOAD (kilowatts)_____

4.5 TOTAL INSTALLED LOAD (kVa)_____

4.6 TOTAL INSTALLATION COST Maloti/Rand_____

4.7 ANY OTHER INFORMATION THE APPLICANT DEEMS USEFUL

5 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 TRADE REFERENCES [i.e. SUPPLIERS, SUBCONTRACTORS, CLIENTS, CUSTOMERS] AT LEAST THREE WITH NAME, ADDRESS AND TELEPHONE

A		B	
Tel:		Tel:	
C		D	
Tel:		Tel:	

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 PENALTY 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- WHETHER CONSTRUCTION OR NOT – STATE 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)