



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 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 31<sup>st</sup> March and 30<sup>th</sup> September each year.
4. The information in this form when evaluated will determine the category of each applicant i.e. D.
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**

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	SECTION	MAXIMUM	POINTS AWARDED	REMARKS
1.0	<b>IDENTIFICATION</b>	<b>20</b>		
2.0	<b>FINANCE</b>	<b>10</b>		
3.0	<b>RESOURCES</b>	<b>70</b>		
	<b>TOTAL</b>	<b>100</b>		
	GRADE AWARD RECOMMENDED			

**GRADING**

**POINTS                      CATEGORY**

<b>30 and above</b>	<b>D</b>

**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

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2.2 ADDRESS OF YOUR BANK

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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\_\_\_\_\_

### 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 [M<sup>2</sup>] \_\_\_\_\_

3.1.4 APPROXIMATE AREA OF YOUR WORKSHOP/STORE [M<sup>2</sup>] \_\_\_\_\_

#### 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 F 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 FIRST AID OFFICER**


**3.2.4 ELECTRICIANS**

NAME	QUALIFICATIONS	EXPERIENCE [YRS]

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

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**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)**