



CENTRAL WATER AUTHORITY

ST. PAUL - MAURITIUS - TEL : 601-5000
 Tel. (230)601-5000
 Fax. (230)686 6264
 Email : cwa@intnet.mu
 Website : <http://cwa.govmu.org>

CONTRACTOR REGISTRATION FORM

SECTION 1:

A. Basic Information

Business Name :

Division/Branch (if none, enter same as above) :

Legal Form of business :

SME/Non SME :

Registration No. as SME :

CIDB Reference No. :

Turnover Sum Yearly (RS.) :

If others, please specify: :

Grade of Registration with CIDB: :

Type of business: :

Country business is registered in: :

Year business established (YYYY): :

Certificate of incorporation number (if applicable): :

Business Registration Card number: :

Income tax number: :

If VAT registered in Mauritius, state VAT number: :

No. of full – time employees:

Does the business carry employer's liability insurance? ☐ YES ☐ NO

Does the business carry workmen compensation insurance? ☐ YES ☐ NO

Kindly select the different works the company provides

Works :

Registered with Public Procurement Office for **E-Procurement**:

Details of past experience (***last 5 years***) to be submitted with **documentary evidence** such as **Letter of Awards/Contract Agreement/Completion Certificates** and **Testimonials** from **Clients**

Sn	Client contact details	Client details	Works	Amount (Rs)

The above information can also be submitted as an Annex.

SECTION 2:

A. Business Address

Address Line 1 :

Address Line 2 :

Address Line 3 :

Country :

Telephone number :

Fax Number :

Email Address :

Web site (if any) :

B. Primary Contact Information

Title :

Contact Name :

Contact Position :

Telephone Number :

Fax Number :

Mobile Number :

Email Address :

SECTION 3:**A. Banking Information**

Bank Name :

Address Line 1 :

Address Line 2 :

Address Line 3 :

Country :

Contact's Telephone :

Bank Account no :

Swift Code :

IBAN no. (If any) :

B. List of Equipment available by Contractor;

<i>Equipment Type</i>	<i>Number</i>	<i>To State whether Owned or Leased or Hired</i>

The above information can also be submitted as an Annex.

SECTION 4**A. Specify Reference Clients other than the CWA****(i) Reference 1**

Company Name :.....
Contact Name :.....
Contact Telephone :.....
Contact Email Address :.....
Country :.....

(ii) Reference 2

Company Name :.....
Contact Name :.....
Contact Telephone :.....
Contact Email Address :.....
Country :.....

DECLARATION

This declaration should be completed by the proprietor, partner, director and/ or authorized signatory, who has the authority to do so)

- (i) I/We..... declare and confirm that the information furnished and attachments submitted with the application are true and correct.
- (ii) I/We are aware that any false information provided herein will result in the rejection of my/our application for registration.
- (iii) I/We undertake to communicate promptly to the Central Water Authority any changes in the conditions or working of the firm.

NAME :

POSITION :

DATE :

SIGNATURE :

OFFICIAL SEAL :