



CONTRACTORS REGISTRATION BOARD

P.O. Box 13374
DAR ES SALAAM
CRB-F1
Tel No. 2131169/2137962/3
E-mail: crbhq@crbtz.org

APPLICATION FORM FOR FIRST REGISTRATION AS CONTRACTORS

By-law 3(1)(a)

For Official Use only

Application form received on:	<input type="text"/>	Application received by	<input type="text"/>
Processing fee paid on:	<input type="text"/>	Receipt No.	<input type="text"/>
Application fee paid on:	<input type="text"/>	Receipt No.	<input type="text"/>

- NOTES:
- (i) Should the space provided with application Form prove insufficient, additional details may be provided on a separate sheet of paper
 - (ii) Applicants failing to submit complete information within six months from the date of submission of this application, the application shall be dismissed without refund of application fees.
 - (iii) Application Form with incomplete submission shall not be processed
 - (iv) Applications forms purchased must be submitted to the Board within twelve months from the date of purchase
 - (v) Application form shall be submitted along with a non refundable processing fee of Tshs. 50,000/=
 - (vi) Submit Passport size photo of company Technical Director endorsed on the back.
 - (vii) All key copies of supporting documents must be certified as true copies of the original
 - (viii) Application forms must be filled in Block letters or Printed
 - (ix) Application by a company registered as Sole Proprietor/ Partnership shall be limited to Class Six for General Contractors and Class Two for Specialist.

SECTION I: COMPANY PROFILE

1. Company's Name in full.....
2. Address of Head Office:.....
3. Contact Detail:
Telephone No. Fax No.
E-mail. Website:
4. Banker's Name(s) and Address(es):
5. Place (s) of Business (i.e. Location of Main and Branch Offices (House/Plot No. Block No. Street and Village/Town/City)
.....
.....

6. Type of Contracting Business¹.....
7. Class Applied for (*in words*).....
8. No. of Certificate of Incorporation/Registration of Business Names:.....
(*Photocopy of Certificate required*)
9. (a) Registered Capital:..... (b) Paid up Capital.....
(*i. Applicable to Companies which are limited by shares as shown in their Memorandum and Articles of Association, ii At least 51% of registered shares should be allotted for determination of applicant category*).
10. Names, qualifications/experience and nationality of shareholders or partners. *Put a star(*) against the technically qualified shareholders/partners. Attach also an affidavit declaring that shares owned by minor shareholder will be held on trust by Adult shareholder*

S/No.	Name	Qualification	Nationality	%Shares
1
2
3
4
5

SECTION II: FINANCIAL STATUS OF THE COMPANY/FIRM

11. Capital and Other Financial Resources in Possession of/or Available to, the Firm (*Specify & Attach Current Certified Bank Statement*)(*Within Six months*)
 - (i) Cash in bank
 - (ii) Stocks and other securities held and redeemable in Tanzania at market prices.....
12. Company's Fixed (Immovable) Assets (*Certified Photostat copies of documents proving ownership and value i.e. Letters of offers or Title deeds and valuation report from approved valuers should be attached*).

S/N	Name of Asset	Value	Document Attached
1			
2			
3			

NB: Plant and Equipment are not Fixed Assets for the purpose of registration.

¹ State whether Civil, Building, Mechanical, Electrical or Specialist. *Specialist contractors should state clearly the field of specialization e.g. Air-conditioning, Drilling, Glazing, etc.*

SECTION III: OFFICE AND SERVICE FACILITIES

13. Particulars of office, workshop and storage yard

Establishment	Size (m ²)	No. of Rooms
A. OFFICE		
B. SERVICE WOKSHOP		N.A.
C. YARD		N.A.

14. Safety gear

SN	Type of Safety Gear	Quantities
1	Gloves (pairs)	
2	Overall/Overcoat	
3	Helmets	
4	Goggles/Welding Shield	
5	Safety Boots	
6	Safety Belts	
7	Reflective Jackets	
8	First Aid Kit	

SECTION IV: STAFF QUALIFICATIONS

15. Particulars of Permanent Personnel (Including Directors/Partners, Technical and Administrative Staff)²

Name of Personnel ³	Nationality ⁴	Academic Qualifications ⁵	Status and Position in Company ⁶	Working Experience (No. of years)	Terms of Employment (Permanent or Contract)

.....
Signature and Official Stamp

.....
Date

² Attach copy of contract agreements of technical staff

⁵ Attach Certified Certificate or Testimonials and CV(s)

⁶ Shareholders should be shown clearly

⁴ Attach photocopy of Passport and Work Permits in case of foreign nationals

SECTION VI: HANDTOOLS AND TESTING EQUIPMENT OWNED

S/N	Name of Handtools	Make/Mode	Quantity owned	Condition
1				
2				
3				
4				
5				

S/N	Name of Equipments	Make/Mode	Quantity owned	Condition
1				
2				
3				
4				
5				

SECTION VII: REFERENCES

16. Names and Qualifications of at least two Referees. *Referees must be registered Architects, Quantity Surveyors or Professional Engineers. The referee must be a person who knows and can comment on the performance of the firm as per attached reference forms.*

Name:	Registration No³	Postal Address	Telephone
1.
2.

SECTION VIII: DECLARATION ⁴

17. I/We the undersigned hereby declare as follows:-

- (i) My/our signing of this application form implies acceptance of responsibility for the veracity and accuracy of all information submitted therein or therewith.
- (ii) The information given will be used by the Contractors Registration Board for the purpose of evaluating this application for registration. Such registration will be approved at the sole discretion of the Board.
- (iii) Any employer, consultant or banker, past or present, is hereby authorised and requested to provide information on the competence and general reputation of our firm if so requested by the Board.
- (iv) The Board is welcome to visit and physically inspect my/our establishment and works (contracts) executed, when it deems fit to do so, in order to verify the authenticity of the information given herein, or by our Referees, or obtained from any other source regarding our firm.
- (v) Failure to complete any part of this application form may result in not being registered.
- (vi) My/our firm shall not be engaged in any acts of bribery or corrupt practices in whatever form.

Dated this day of 20

(i) Signed by..... (Name in Block letters)

in the capacity of (status in Firm)

.....
Signature

³ Registration Number from relevant Professional Board must be given.

⁴ The signatory must be the Managing Director of the company , if not power of Attorney authorizing other person must be attached

SECTION IX

LIST OF ATTACHMENTS TO BE SUBMITTED

1. A DULLY FILLED, SIGNED & STAMPED APPLICATION FORM (CRB – F1)
2. CERTIFICATE OF INCORPORATION OR REGISTRATION
3. PROOF OF OWNERSHIP OF OFFICE (**I.E. RENT/LEASE AGREEMENT ENDORSED BY ADVOCATE OR CERTIFICATE OF OCCUPANCY IF OWNED BY ONE OF SHAREHOLDERS/PARTNERS**)
4. CV'S OF SHAREHOLDERS/PARTNERS EACH WITH CERTIFIED COPY OF SHARE CERTIFICATE AND CERTIFIED ACADEMIC/PROFESSIONAL CERTIFICATE (**FOR QUALIFIED SHAREHOLDER/PARTNERS**)
5. CV'S OF KEY PERSONNEL & CERTIFIED COPY OF ACADEMIC/PROFESSIONAL CERTIFICATE WITH RESPECTIVE **EMPLOYMENT CONTRACTS** FOR EACH STAFF.
6. RECENTLY TAKEN PASSPORT SIZE PHOTOGRAPH OF THE TECHNICAL DIRECTOR ENDORSED AT THE BACK BY ADVOCATE (**ACCOMPANIED BY CERTIFICATE OF SERVICES OR LETTER FROM IMMEDIATE/PREVIOUS EMPLOYER CONFIRMING THAT HE/SHE IS NO LONGER AN EMPLOYEE**)
7. CERTIFIED TRUE COPIES OF REGISTRATION CARDS/PROOF OF OWNERSHIP OF PLANT AND EQUIPMENT. (**SHOULD BEAR THE NAME OF FIRM OR SHAREHOLDER**)
8. CERTIFIED CURRENT BANK STATEMENT BEARING NAME OF THE FIRM OR SHAREHOLDERS/PARTNERS (**FOR APPLICANTS APPLYING IN CLASS SIX OR ABOVE AND SHOULD BE WITHIN SIX MONTHS FROM THE DATE OF SUBMISSION**)
9. PROOF OF FIXED ASSET OWNERSHIP IF ANY (**I.E. TITLE DEED & ASSET VALUATION REPORT PREPARED BY APPROVED VALUER**)
10. DULLY FILED & SIGNED ANTI BRIBERY PLEDGE.
11. REFEREES FORM. (**DULLY FILLED AND SIGNED**)
12. COMPANY MEMORANDUM & ARTICLES OF ASSOCIATION OR EXTRACT FROM REGISTRAR OF BRELA.



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Tel No. 2131169/2137962-3
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CRB – F4

CURRICULUM VITAE FOR SHAREHOLDERS OR PARTNERS OF CONSTRUCTION FIRM – Bylaws 3(2)
(Each Shareholder/Partner of the Company should fill this Form)

PART A: PERSONAL BIODATA:

1. Names: Surname:
First:
Middle:
2. Date of Birth: Year:
Month:
Date ::
Place of Birth:
3. Nationality:

Passport No.
Date of Issue:
4. Residential Address: Street:
Town/City:
Country:
5. Postal Address: P.O. Box
Tel No.
Town/City:
Country:
6. Non-Citizen Passport No.:
Date of Issue:
Resident Permit No.¹
7. (a) Number of Shares Held²
- (b) Percentage of Shares Held

¹Attach copies of residence permit

²Attach copies of Share Certificates

PART B: FORMAL TRAINING

S/N	Date		Schools/College/University	Certificate/Award ³
	From	To		

PART C: WORKING EXPERIENCE

Date		Employer/Organization	Position	Duties and Actual Assignments Executed ⁴
From	To			

PART D: DECLARATION

I declare that the information given above is correct.

Signed:

Date:

³Attach copies of certificates awarded

⁴Technical Director to submit a detailed CV.

CONTRACTORS REGISTRATION BOARD

CRB – F3

ANTI BRIBERY PLEDGE – Bylaws 3(1) (c) (vii)

(To be signed by all applicants for First Registration or Upgrading)

M/S.....*(name of applicant)*

Recognises, that corruption has a devastating impact on the social and economic development of any country. We share in the growing global consensus that action is needed to strengthen transparency and accountability, particularly in international development, trade and investment.

M/Stherefore pledged to support the effect of the Government of the United Republic of Tanzania and to participate, along with the Contractors Registration Board and other members of the business community and financing institutions, in forming a coalition against corruption.

M/S.....Welcomes the action taken by the Government to strengthen transparency and accountability. In this context we will:-

- (a) not offer or give any bribes or any other form of inducement to any public official in connection with a pending bid.
- (b) not permit anyone (whether our employee or an independent commission agent) to do so on our behalf.
- (c) make full disclosure in our bids of the beneficiaries of payments relating to the bids to any person other than employees but including bonus payment which may be made to employee.
- (d) formally undertake to issue instructions to all our employees and agents or other representatives in Tanzania directing them all times to comply with the laws of Tanzania and in the particular not to offer or to pay bribes or other form of inducement to officials, whether directly or indirectly.

.....
(to be signed by Chief Executive Officer of the firm)

.....
Date



CONTRACTORS REGISTRATION BOARD

P.O. Box 13374
DAR ES SALAAM
 Tel No. 2131169/2137962-3
 2132508/2132510
 Fax No. 2137964
 E-mail No. crbhq@crbtz.org

Ref. No:

Date: .../.../20.....

M/S. Eng/Arch/Qs.

P.O.Box

.....

Dear Sir,

RE: PROFESSIONAL / TECHNICAL REFERENCE

M/S has applied for first registration as Building/ Civil Works/Electrical/Mechanical/Specialist Contractors in Class

They have given us your name as a Person who is well placed to make a fair assessment of their competence, experience and capability to execute contracts of the size and type of works being applied for.

We would very much appreciate if you could fill in the attached questionnaire and return to the undersigned at your earliest convenience, bearing in mind that you may be summoned by the Board to substantiate your responses in the questionnaire as and when an inquiry into the professional conduct of the applicant is needed in accordance with the provision of Section 16(2) (b) and (c) of Contractors Registration Act No. 17 of 1997.

The Classes of registered contractors are given below for your guidance together with an indication of the size of contract the contractor is allowed to undertake in each class. The figures are given for any one (single) contract.

CLASS LIMIT FOR ANY SINGLE CONTRACT (In Million TShs.)					
CLASS	Civil	Building	Mechanical	Electrical	Specialist
ONE	<i>Unlimited</i>	<i>Unlimited</i>	Unlimited	<i>Unlimited</i>	<i>Unlimited</i>
TWO	8,000	5,000	3,000	3,000	800
THREE	4,000	3,000	1,500	1,500	300
FOUR	2,000	1,800	900	900	-
FIVE	1,100	900	450	450	-
SIX	500	400	250	250	-
SEVEN	200	200	150	150	-

Yours Sincerely,

RHOBEN NKORI
REGISTRAR



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Tel No. 2131169/2137962-3
2132508/2132510
Fax No. 2137964
E-mail No. crb@afsat.com

Ref. No:

Date :.....

Name of the Applicant:.....

RE: QUESTIONNAIRE FOR PROFESSIONAL / TECHNICAL REFERENCE

- 1) Please fill in duplicate. Return the original and retain the copy for your record.
- 2) Please use space overleaf if space provided for a give item in the questionnaire is not adequate.

- 1) (a) How long have you known the owners of this firm / company?.....
- (b) In what capacity?

2) What type of work has the qualified shareholder/partner of the firm has executed/supervised to-date?.....

3) (a) What is the value of the largest single contract has the qualified shareholder/partner of the firm has executed/supervised?.....

(b) Has the qualified shareholder/partner supervised such contracts satisfactorily as regards workmanship, materials and timely completion?

4) Does the firm / company have technically qualified and experienced Personnel other than the qualified Shareholder/partner ? Yes / No
 If so, please give details.

5) Does the firm have serviceable Construction Plant and Equipment? Yes / No.
 If so, give details:.....

6) Do you consider that this firm / company may be trusted in **EVERY PROJECT** it is entrusted to execute?

Recommendation:

- 7) The firm is capable to undertake contracts of values up to the limited of Class
of Building / Civil / Electrical / Mechanical / Specialist ¹³Contractors.

- 8) Any other relevant information:.....
.....
.....
.....
.....
.....
.....
.....

Full Name:..... Profession:
..... Professional Board¹⁴
..... Registration No.....
Stamp.....

Status / Position..... Professional Qualification(s)
Signature: Postal Address.....
Date:..... Physical Address:.....
.....
.....



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REGISTRAR



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.....
.....

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.....
.....

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.....
.....

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If so, please give details.

.....
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.....
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.....

Recommendation:

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.....
.....
.....
.....
.....
.....
.....

Full Name:..... Profession:
..... Professional Board¹⁴
..... Registration No.....
Stamp.....

Status / Position..... Professional Qualification(s)
Signature: Postal Address.....
Date:..... Physical Address:.....
.....
.....