



CONTRACTORS REGISTRATION BOARD

P. O. Box 13374
DAR ES SALAAM.
Tel No. 131169/137963
Fax No: 2137964
E-mail: crbhq@crbtz.org

CONTRACTORS ASSISTANCE FUND

Registration Form

1. Name of Contractor:.....

2. Registration Status:

Type	Class	Reg. No.

3. Postal Address

.....
.....

4. Physical Address: House No Building.....Street:.....

Area:.....Town:.....

5. Branch Office: House No Building.....Street:.....

Area:.....Town:.....

6. Name(s) of Managing Director(s)/Partner(s): *(These will be the only persons allowed to make application for a Bank Guarantee under the Contractors Assistant Fund)*

S/No	Name	Position	Specimen
1			
2			

Attach:

- (i) **One Passport Size Photograph of each of the Directors / Partners**
- (ii) **Letter of Authority Signed by all Partners / Directors, or Power of Attorney authorizing the above persons to act on behalf of the firm**

7. Declaration:

I/ we declared that to the best of my / our knowledge, the information stated herein is true and correct. We further declare that we have read the condition governing the operations of the Fund and that Messers.

..... (name of contractors)

8. Signed on this.....day of.....in the year.....

Name:.....Signature.....(First Director/Partner)

Name:.....Signature.....(Second Director/ Partner)

(Affix Company Seal / Stamp)

For Official Use Only:

Date Received:..... Confirmation of Registration Information (AR/RS).....

Registrars Approval.....Payment Receipt No.....Fund Ref. No.....