



Ministry of Health and Social Development

CONTRACTOR REGISTRATION FORM

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1. List areas of competence

Civil Works [] Masonry [] Carpentry [] Plumbing [] Electrical []

Tiling [] Painting [] Building Works [] Equipment Rental []

2. General Information

2.1 Name (Firm / Individual): _____

2.2 Legal Status: attach copy of legal status [i.e. Registration Certificate/Identification Card]

2.3 Key Contact _____

2.4 Address _____

2.5 Email _____

2.6 Telephone/ Fax/ Cellular: _____

2.7 NHI Employer No: _____

2.8 Trade License and Good Standing Certificates

Trade License Inland Revenue Social Security National Health Insurance

3. Experience

3.1 Total annual volume of construction 2017: \$ _____

Work performed in the last 3 years, in
United States Dollars 2016: \$ _____

2015: \$ _____



3.2 Main Works performed as prime or sub Contractor over the last three years:

Project Name / Description	Client Name and Contact	Period of Execution (Day, Month, year)	Value of Contract (USD)

Please attach Performance Certificates / Recommendations, if any)



5. Personnel

5.1 Qualifications and experience of key personnel for administration and execution of Projects / Works.

Position	Name	Years of Experience	Key Qualifications

(Please attach staff structure and CVs, if available)

