



ඉදිකිරීම් ආරක්ෂණ අරමුදල (ඉ.ආ.අ.)

CONSTRUCTION GUARANTEE FUND (CGF)

පලමු මහල, සවිසිරිපාය, 123, විජේරාම මාවත, කොළඹ 07

Level 1, "Savsiripaya", 123, Wijerama Mawatha, Colombo 07.

දුරකථන Telephone: 011 2673087/8 ජංගම Mobile: 070 1585880/070 1560646

විද්‍යුත් තැපෑල email: cgf@cgf.gov.lk වෙබ් අඩවිය website: www.cgf.gov.lk

REGISTRATION APPLICATION FOR JOINT VENTURE

FOR OFFICE USE ONLY							NR	0	0	0	0	0	-	0	0	0	0	DATE	D	D	M	M	Y	Y	Y	Y
STAFF CODE	X	X	0	0	0	0	MF					0	0	0	0	DATE	D	D	M	M	Y	Y	Y	Y		

[THE APPLICATION MUST BE FILLED IN ENGLISH.]

A	INFORMATION OF JV		NEW / EXISTING	01	CIDA REG. CERTIFICATE NO			
02	REGISTERED NAME							
03	REGISTERED ADDRESS							
04	POSTAL ADDRESS OF JV							
05	PROPOSED PROJECT TITLE							
06	FIELD/S OF REGISTRATION AND GRADES APPLIED FOR JV							
	SPECIALTY			GRADE	SPECIALTY			GRADE
	BUILDING				HIGHWAYS			
	BRIDGE				WATER SUPPLY & SEWERAGE			
	IRRIGATION & DRAINAGE CANALS				DREDGING & RECLAMATION			
	STORM WATER DISPOSAL AND LAND DRAINAGE				MARITIME CONSTRUCTION			
07	CONTACT DETAILS							
	OFFICE				MOBILE			
08	COMPANY E-MAIL ADDRESS				09 WEBSITE			
10	CONTACT PERSON <i>DIRECTOR/SENIOR MANAGEMENT (PARTNER/SHAREHOLDER)</i> - MR/MRS/MISS							
11	CONTACT DETAILS							
	OFFICE				MOBILE			
B	NAMES & OTHER DETAILS OF CONTRACTORS FORMING JV							
12	LEAD PARTNER/CONTRACTOR			1	BUSINESS REGISTRATION NO			
	NAME OF THE COMPANY				SOLE PROPRIETOR <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	LIMITED LIABILITY <input type="checkbox"/>	
	ADDRESS				CIDA NO			
					HIGHEST GRADE	SPECIALTY		
					REGISTRATION VALID UP TO			
	CONTACT DETAILS							
	OFFICE				MOBILE			
	COMPANY E-MAIL ADDRESS							

13	OTHER PARTNERS/CONTRACTORS 2	BUSINESS REGISTRATION NO
	NAME OF THE COMPANY	SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY <input type="checkbox"/>
	ADDRESS	CIDA NO
		HIGHEST GRADE SPECIALTY
		REGISTRATION VALID UP TO
CONTACT DETAILS		
	OFFICE	MOBILE
	COMPANY E-MAIL ADDRESS	
14	OTHER PARTNERS/CONTRACTOR 3	BUSINESS REGISTRATION NO
	NAME OF THE COMPANY	SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY <input type="checkbox"/>
	ADDRESS	CIDA NO
		HIGHEST GRADE SPECIALTY
		REGISTRATION VALID UP TO
CONTACT DETAILS		
	OFFICE	MOBILE
	COMPANY E-MAIL ADDRESS	
ATTACHMENTS – CERTIFIED COPIES OF JV 1. <input type="checkbox"/> AGREEMENT 2. <input type="checkbox"/> CIDA CERTIFICATE/REGISTRATION 3. <input type="checkbox"/> PARTIES RESPONSIBILITIES IN DETAIL 4. <input type="checkbox"/> BANK ACCOUNT DETAILS 5. IF JV ALREADY EXIST, (1-4 AND) 5.1 <input type="checkbox"/> PAST-PERFORMANCE 5.2 <input type="checkbox"/> THREE YEAR AUDITED (ACCOUNTS) 5.3 <input type="checkbox"/> TAX & VAT DETAILS		

15 AUTHORIZED PERSON OF JV (LEAD PARTNER)											
NAME	DESIGNATION	SIGNATURE			CONTACT NUMBER						
					JV SEAL						
	NIC NO.										
DATE OF APPLICATION				D	D	M	M	Y	Y	Y	Y
කාර්යාලීය ප්‍රයෝජනය සඳහා OFFICE USE ONLY											
Documents Checked by						Documents Scanned by					
on						on					
Comments											
උතුරු පළාත් කාර්යාලය Northern Regional Office නො.17, කෘෂි සේවා පවුම, නල්ලූර, යාපනය No.17, Agrarian Services Lane, Nallur, Jaffna දුරකථන Tel: 070-1585881/021-2222081 විද්‍යුත් තැපෑල e-mail: northern@cgf.gov.lk				දකුණු පළාත් කාර්යාලය Southern Regional Office නො.15, නගර සභා සිරි විචි නොඩනැගිල්ල, රැළ්බට් ටවන්, ගාල්ල No.15, Galle Municipal Council City View Building, Talbot Town, Galle දුරකථන Tel: 070-1585882/091-2234683 විද්‍යුත් තැපෑල e-mail: southern@cgf.gov.lk				මධ්‍යම පළාත් කාර්යාලය Central Regional Office පළමු මහල, නො.1059, ගැටමේ, පේරාදෙණිය Level 1, No.1059, Gatambe, Peradeniya දුරකථන Tel: 070-1585883/ 081-2052256 විද්‍යුත් තැපෑල e-mail: central@cgf.gov.lk			

This document must forward at the beginning of each calendar year or at any time when any changes occur to the legal status of you company or change of Nominee.

*This text is only for the **PARTNERSHIP COMPANIES** Use blue legal paper*

CGF/001-2/PD-PART-E 24R1

Lawyer's Name & Address

SPECIAL POWER OF ATTORNEY

NO.

TO ALL TO WHOM THESE PRESENTS SHALL COME, WE THE PARTNERS OF
_____ <Name of the Partnership Company>,

_____ <Names of the Partners> (holder of
NIC Nos. _____) of

_____ (Address) and Registered No _____ of _____ Province in the
Democratic Socialist Republic of Sri Lanka.

- SEND GREETINGS -

WHEREAS WE are desirous of appointing some fit and proper person as our attorney to do or cause to be done all acts herein below stated in our names and on behalf of us, or otherwise for the purpose hereinafter mentioned in the Democratic Socialist Republic of Sri Lanka during our absence.

NOW KNOW YE AND THESE PRESENTS WITNESS THAT WE the said PARTNERS have made nominated and appointed and by these presents do make nominated and appoint _____ (Name) [holder of NIC No. _____] of _____ (Address) in the said Sri Lanka our true and lawful attorney to act for us and our behalf or for all, each and every or any of the following purpose this is to say;

TO undertake business as per the scope and the nature mentioned in the business registration.

TO undertake construction contracts, represent the Partnership Company as the authorized person to obtain Tender documents and to prepare and to bid.

TO obtain membership of organizations as a construction Company.

TO communicate with the Construction Guarantee Fund (CGF).

TO apply for facilities from CGF.

TO attend meetings to deploy all its or outside resources to deal with stakeholders, work with employers during bidding & when implementing projects/contracts, maintain targets, standards, receive payments, completing the given scope successfully in the given time as per the employer's requirement and preparation and submission of bills.

TO maintain accounts, effect transfers/payments, receive funds/payments, deal/transact stake holders and any other parties necessary to obtain and implementing Projects/Contracts.

TO appear for us in connection with the related matters to constructions before any court or courts in Sri Lanka either as plaintiff, defendant or intervenient and to sign and grant all necessary Proxy and Proxies to any Attorney at law or Attorneys at law of the said court or courts and the same from time to time recall and revoke and to prosecute or defend any suit or suits or other proceedings to or effect money or,

GENERALLY to sign, execute do and perform such acts and things as may be required or necessary in connection with the aforesaid matters.

AND do hereby direct that all acts which shall be had made or done by the said attorney or substitute or substitutes, before he or they shall have received notice of our death or the revocation of the authority contained in these presents shall be as binding and valid to all the intents and purposes as if the same had taken place previous to our death or before such revocation, any rule of law or equity to the contrary notwithstanding.

AND WE the said _____

_____ <insert all names of the partners> doth hereby agreed and undertake to ratify and confirm whatsoever our said attorney shall lawfully do or cause to be done by virtue of this Special Power of Attorney and this Special Power of Attorney shall be valid during our absence.

AND WE do hereby agreed to notify immediately to the CGF any changes at any time made to this Special Power of Attorney.

IN witness whereof we have set our hands to these presents and to two others of the same tenor and date as these present at _____ (Place) on this _____ day of _____ 20 _____

WITNESSES

Signed in the presence of us)
and we declare that we are)
well acquainted with the)
above named executant and)
know his proper name and)
occupation and residence.)

NOTARY PUBLIC

<Insert partners names, signatures, NIC Nos, designations>

Sample letter to obtain bank reconfirmation of current status of the customer accounts/facilities.
(To be typed on the Bank letterhead please)

CGF/004/BALET 24R1

Date:

Construction Guarantee Fund
"Savsiripaya",
123, Wijerama Mawatha
Colombo 07

Dear Sir,

CONFIRMATION OF THE CUSTOMER ACCOUNTS/FACILITIES AND THE CURRENT STATUS

This is to confirm that the following named our customer with registered office given here maintain following Current/Savings Accounts, deposits with our bank approved the under mentioned facilities.

Customer Name :
Company Name :
Registered Address :

AVAILABLE CREDIT FACILITIES AS AT TODAY

Against FD	: Total Rs. (M)	Balance Rs.	as at
Assets Base (Mortgage)	: Total Rs. (M)	Balance Rs.	as at
For Short Term loans	: Total Rs. (M)	Balance Rs.	as at
For Long Term loans	: Total Rs. (M)	Balance Rs.	as at
T. Overdraft (TOD)	: Total Rs. (M)	Balance Rs.	as at
P. Overdraft (POD)	: Total Rs. (M)	Balance Rs.	as at
Any other financial facilities available	:		

This letter has been issued at the request of our customer please.

Thank You.

Yours faithfully,

.....
Authorized Signatory of the Bank and staff code

Name :
Designation :
Bank :

Bank Seal