



ඉදිකිරීම් ආරක්ෂණ අරමුදල (ඉ.ආ.අ.)

CONSTRUCTION GUARANTEE FUND (CGF)

පළමු 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	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																				
	NAME OF THE COMPANY													BUSINESS REGISTRATION NO								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 on						Documents Scanned by 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/change of owner/Director and other statutory information, etc.

*This text is only for the **LIMITED LIABILITY COMPANIES & FOREIGN COMPANIES** Use Company letterhead*

CGF/001-3/PD-LTD&FOR-E 24R1

THE RESOLUTION NO: _____

The Directors of the _____ (Company name) of _____
_____ (address) duly registered (_____ Reg. no of
Registrar of Companies) Under the Laws of Sri Lanka and having actively participate in Construction
and unanimously agreed to resolve the following Resolution at their meeting held on
_____ at _____.

We unanimously resolved to request and to obtain Bonds and Guarantees and other facilities from the
Construction Guarantee Fund (CGF) and agreed to pay levies, charges, commission, penalties and
keep securities when requested by the CGF from time to time and to refund/pay immediately on
notification of any monies due or paid out by the CGF including the compound interest for any delay in
refund/pay when mitigating the loss incurred for providing such facilities by the CGF.

We further resolved that the Directors of our Company unanimously agreed to delegate powers and
authorities to Mr/Ms/Mrs _____ (Holder of NIC No _____),
_____ (Designation) to communicate with the CGF to apply, sign all
relevant applications, for facilities, documents and execute to obtain Bonds/Guarantees/facilities
required to bid and undertake construction contracts and if necessary to enter into Agreements/MOUU,
relevant to this exercise for and on behalf of our company.

This Resolution was passed by the under signed Directors at the Board of Directors meeting held on
_____ day of _____ 20 _____ at _____.

Name	NIC No	Designation	Signature	Mobile No
1				
2				
3				
4				

(PLEASE ATTACH CERTIFIED COPY OF FORM 01 PRESCRIBED IN THE COMPANIES ACT NO.07 OF 2007)

Company Secretary's Certification as a true copy.

Name : _____ Signature : _____
NIC No : _____ Seal : _____
Contact no. : _____

Encl/ Attach Form 01

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