

MANUFACTURERS AND SUPPLIERS' RENEWAL FORM – CICF 7R



IMPORTANT NOTICE

- PLEASE READ THE PROCEDURES, RULES, TERMS AND CONDITIONS FOR RENEWAL INCLUDED IN THIS DOCUMENT BEFORE ATTEMPTING TO FILL IN THE RENEWAL FORM.
- INCOMPLETE FORMS WILL NOT BE CONSIDERED AND THUS DELAY THE RENEWAL PROCESS.
- PLEASE ENSURE THAT ALL THE DOCUMENTATION REQUESTED FOR SUBMISSION ON RENEWAL ACCOMPANIES THIS DOCUMENT UPON SUBMISSION.

LIGWALAGWALA HOUSE, PLOT 427
J.S.M. MATSEBULA STREET QUEENSGATE
P.O. Box 5020
Mbabane
Eswatini
Tel: +268 404 9848/ 8481/ 1497
Email: info@cic.co.sz
Website: www.cic.co.sz

MANUFACTURERS AND SUPPLIERS' RENEWAL FORM – CICF 7R

LETTER OF APPLICATION

The Chief Executive Officer
Construction Industry Council
P.O. Box 5020
Ligwalagwala House, Plot 427
J.S.M. Matsebula Street
Queensgate
Mbabane
Eswatini

Dear Sir/Madam

Being duly authorized to represent and act on behalf of.....(herein under referred to as “the Applicant”), in my capacity as the CEO/Managing Director Other:..... and having reviewed fully all the information requested, do hereby apply to be considered for registration with the Construction Industry Council as a Supplier/Manufacturer (underline appropriate).

I do consent and duly authorize the Construction Industry Council and/or its authorized agents to conduct ant enquiries or investigations to verify the truthfulness of the statements, documents and the general information submitted in connection to this application, and to seek clarification from our bankers and clients regarding any financial and technical aspects of the application.

This letter of application will also serve as authorization to any individual or authorized representative of any institution referred to in the supporting information, to provide information deemed necessary and as would be requested by yourselves (Construction Industry Council or your Agents) to verify statements and information provided in this application, such as the resources, experience and compliance of the Applicant.

I also understand that should the findings of such an exercise indicate dishonesty on my part, my application would not be considered and as such my company would not be registered and categorized.

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Signed: Date: Contact Person

PROCEDURE, RULES, TERMS AND CONDITIONS FOR RENEWAL

- 1) **Procedure for registration:** Manufacturers and Suppliers shall submit an application in the **prescribed proforma to the** Construction Industry Council (CIC) together with necessary documents in support of application. The CIC will take action to verify the credentials and antecedents of the entities and issue a **“Registration Certificate”**.
- 2) **Categories for registration and Fee Schedules:**

Fee Schedules for Registration

Category	Estimated Annual Turnover (E)	Estimated Maximum Annual Turnover (E)	Subscription/Annual Fees (E)	
			Local Company	Foreign Company
1	10 000 001	Unlimited	6 000	12 000
2	7 500 001	10 000 000	5 000	10 000
3	5 000 001	7 500 000	4 000	8 000
4	2 500 001	5 000 000	3 000	6 000
5	1 000 001	2 500 000	2 000	4 000
6	500 001	1 000 000	700	1 400

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7	1	500 000	500	1 000
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BANKING DETAILS

Bank Name	ESWATINI BANK	NEDBANK	STANDARD BANK	FIRST NATIONAL BANK
Account Holder	CONSTRUCTION INDUSTRY COUNCIL	CONSTRUCTION INDUSTRY COUNCIL	CONSTRUCTION INDUSTRY COUNCIL	CONSTRUCTION INDUSTRY COUNCIL
Type of Account	Current	Current	Current	Current
Account Number	77400749798	11990051277	9110004761777	62846712273
Branch Code	770009	360164	663164	281264
Swift Code	SDSBSZMB	NESWSZMX	SBICSZMXXX	FIRNSZMX

IMPORTANT NOTICE

- 1. USE COMPANY NAME AS REFERENCE.**
- 2. BANK DEPOSIT SLIP OR EFT RECEIPT SHALL BE PRODUCED AS PROOF OF PAYMENT.**

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4) *Processing Time*

One (1) day processing time. Late renewals shall attract a penalty of 10% of the annual subscription fees.

5) *Requirements for Renewal*

- a) Building Material and Suppliers Association (BMSA) Registration Certificate
- b) Trading license for the year (*must be relevant to scope of work*)
- c) Proof of payment for renewal fees
- d) Financial statements *for the 3 years immediately preceding the application*

6) *Requirements for renewal of Foreign M/S*

- a) Compliance with tax laws
- b) Proof of payment for renewal fees.

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Business Particulars:

Name of Consultancy:.....
CIC certificate No.:.....
Contact Person:.....
Contact No.:.....
Email address:.....
Postal Address:.....

(Please Position Association Stamp on Text Box Below)

Association Name: _____

Name of Authorised Officer: _____

Signature of Authorised Officer: _____

Checklist for Supporting Documentation for Information required for Annual Renewal

	Supplied by contractor		Received (official use only)	
	Yes	No	Yes	No
Business Particulars				
• Certified Trading License(<i>must be relevant to scope of work</i>)				
• Certified copy of BMSA Registration Certificate				
• Proof of payment of renewal fees				
• Financial statements for the 3 years immediately preceding the application				

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Checklist for Supporting Documentation for Foreign Manufacturers Annual Renewal

	Supplied by contractor		Received (official use only)	
	Yes	No	Yes	No
Business Particulars				
• Compliance with tax laws (SARS)				
• Proof of payment of renewal fees				

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DECLARATION

I/We declare that all the particulars and information provided in this application are complete, correct and true and we agree that in the event that any of the particulars or information provided is found to be untrue or fraudulent, my/our registration with the Construction Industry Council may be revoked.

I/We also declare that all the documentation that was submitted to the Council for registration is true and correct. .

I/We agree that in the event of revocation of registration, any registration fees paid to the Construction Industry Council shall be forfeited.

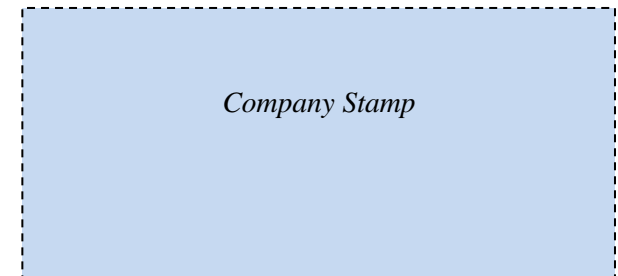
I/We declare that in the event that the nature of my/our business changes or I/we no longer carry out operations in terms of our registration I/we will notify the Construction Industry Council in which case my/our registration may be revoked or my/our classification and categorization may be revised.

Declared at.....this day of20..... by the following, who are duly authorized to sign.

_____	_____	_____
Name (Print)	Signature	Title/Designation

Witnessed by:

_____	_____	_____
Name (Print)	Signature	Title/Designation



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For Official Use: 2025/26

Date of Receipt of Application:

d	d	m	m	y	y	y	y
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Registration Certificate No:

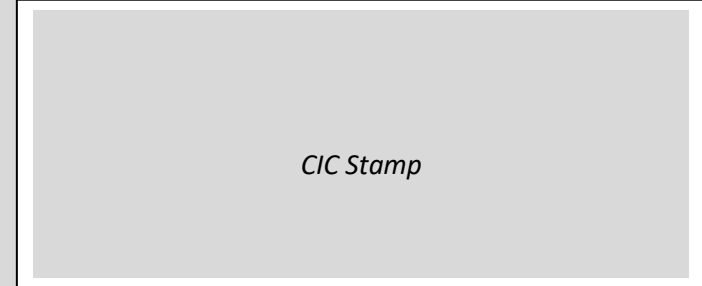
Details Verified: Yes

No

Approved: Yes

No

Signature of Approving Officer:



CIC Stamp

For Official Use: 2025/26

Date of Receipt of Application:

d	d	m	m	y	y	y	y
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Registration Certificate No:

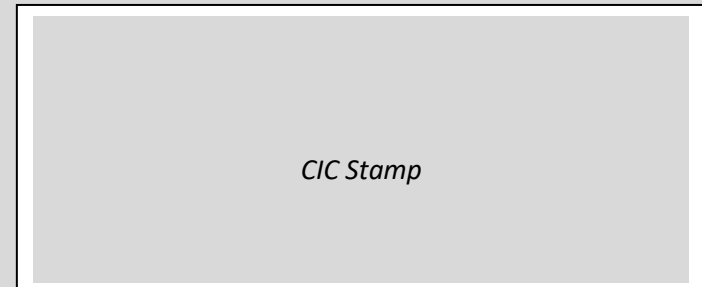
Details Verified: Yes

No

Approved: : Yes

No

Signature of Approving Officer:



CIC Stamp