



ZIMBABWE BUILDING CONTRACTORS ASSOCIATION

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CONFIDENTIAL MEMBER DETAILED INFORMATION FORM (CONTRACTOR MEMBERSHIP)

1.0 NAME OF COMPANY.....

1.1 DATE OF REGISTRATION.....REGISTRATION NUMBER.....

1.2 NEC NUMBER.....DATE OF REGISTRATION.....

1.3 ARE YOU AN EXISTING MEMBER OF ZBCA? YES: NO:

1.3.1 IF YOU HAVE ANSWERED YES TO QUESTION 1.3 ABOVE, WHAT IS YOUR CURRENT CATEGORY?..... AND WHAT CATEGORY AND AREA OF SPECIALISATION WOULD YOU LIKE TO BE UPGRADED INTO?.....

1.3.2 IF YOU HAVE ANSWERED NO TO QUESTION 1.3 ABOVE, WHAT CATEGORY AND AREA OF SPECIALISATION ARE YOU APPLYING FOR?.....

1.3.3 HOW DID YOU KNOW ABOUT ZBCA? {please tick-√} AND GIVE REFERRAL'S DETAILS

Referred by ZBCA Member		
Media		
Website		
Other (specify)		

1.4 CONTACT DETAILS

PHYSICAL ADDRESS (Office)	
PHYSICAL ADDRESS (Workshop if any)	
TELEPHONE NUMBER LANDLINE	
CELLPHONE/s	
E-MAIL ADDRESS	
WEBSITE	
NAME OF CONTACT PERSON (<i>Major Shareholder</i>)	

2.0 HUMAN RESOURCES

Category	Number Employed	Comment
Field Employees		
Engineers		
Quantity Surveyors/Estimators		
Accountants		
Other		

3.0 WHAT IS YOUR AREA OF SPECIALISATION?

SPECIALTY	PLEASE TICK (✓)
Building	
Civil Engineering	
Electrical Engineering	
Mechanical Engineering	
Electro-Mechanical Engineering	
Structural Engineering and Steel Reinforcing Engineers	
Plumbing, Drain Laying and Sheet Metal Work	
Fencing, Precast Walling and Structures	
Art Metal Work, Aluminum, Steel Window Specialists, Roof Slating, Tiling and Sheeting	

4.0 PLANT AND EQUIPMENT (give details of all your existing plant, equipment and vehicles including quantities. Use separate sheet if space provided is inadequate.)

Plant, Equipment, Vehicles (Itemize)	Quantity

5.0 ARE YOU REGISTERED WITH CIFOZ, OR THE MINISTRY OF LOCAL GOVERNMENT, PUBLIC WORKS AND NATIONAL HOUSING OR BOTH?

Organization	YES/NO	Year of Registration	Category at Registration	Current Category
Construction Industry Federation of Zimbabwe (CIFOZ)				

Ministry of Local Government and Public Works				
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8.0 DETAILS OF DIRECTORS: *(This section must be fully completed)*

Name of Director	I.D. Number	Gender	Date of Birth	Desk

8.1 DETAILS OF SHAREHOLDING: *(This section must be fully completed)*

Name of Shareholder	% of Shares	Qualifications	Residential Address and Cell

9.0 BANK ACCOUNT DETAILS

Name of Bank	
Branch	
Account Number	

DECLARATION

I.....IN MY CAPACITY AS
 DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT. I FURTHER DECLARE THAT I SHALL ABIDE BY THE RULES AND REGULATIONS AS WELL AS THE CONSTITUTION OF ZBCA AS LEGALLY AMENDED FROM TIME TO TIME. I HAVE FURTHER NOTED THAT JOINING FEES ARE NOT REFUNDABLE SHOULD MY MEMBERSHIP APPLICATION BE REJECTED.

I ACKNOWLEDGE THAT SHOULD MY APPLICATION BE SUCCESSFUL, I WILL BE REQUIRED TO IMMEDIATELY PAY ANNUAL SUBSCRIPTIONS WITHIN (14) FOURTEEN DAYS FROM DATE OF APPROVAL AND TO SERVE PROBATION OF ONE YEAR. AT THE END OF THIS PERIOD, MY MEMBERSHIP WILL BE CONFIRMED. I HAVE NOTED THAT THE **MINISTRY OF LOCAL GOVERNMENT, PUBLIC WORKS AND NATIONAL HOUSING** CATEGORIZATION CRITERIA WILL BE USED TO PLACE MY COMPANY IN A CATEGORY.

SIGNATURE.....

DATE.....

COMPANY STAMP:.....

CHECKLIST: THE FOLLOWING DOCUMENTATION IS REQUIRED FOR REGISTRATION AS A MEMBER OF ZBCA AND MUST BE ATTACHED TO THIS APPLICATION FORM.

No	Document	Importance	Attachment Please Tick (✓)	
			YES	NO
1.	CERTIFICATE OF INCORPORATION & CR14	Mandatory		
2.	NECCIZ CERTIFICATE/RECEIPT OF REGISTRATION	Mandatory		
3.	PROOF OF SHAREHOLDERSHIP	Mandatory		
4.	DIRECTORS' ID COPIES	Mandatory		
5.	NSSA REGISTRATION	Mandatory		
6.	ZIMRA REGISTRATION	Mandatory		
7.	PRAZ REGISTRATION	Mandatory		
8.	CURRENT BANK STATEMENT OR CONFIRMATION LETTER	Mandatory		
9.	MLG, PW & NH Registration (if registered) provide confirmation letter/certificate			
10	DETAILED COMPANY PROFILE WITH THE COMPANY STRUCTURE (<i>ORGANOGRAM</i>), PROJECTS CARRIED OUT (<i>FINISHED AND CURRENT</i>) WITH DATES, VALUES, CLIENT'S NAME, PHYSICAL ADDRESS, CONTACT CELLPHONE, LANDLINE AND EMAIL ADDRESS.	Mandatory		
11	TRADE REFERENCES	Mandatory		

PLEASE NOTE THAT APPLICATION FEE IS NOT REFUNDABLE