

# ADCE CONSULTANT REGISTRATION FORM

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# **Consultant Registration Form**

# All fields are mandatory.

Official Compa	ny Full Name:			
Vendor Code (for Renewal):				
Tax Registration	n Number:			
Specification G	rade:			
P.O. Box:				
Telephone Nur	nber:			
Fax Number:				
E-Mail Address				
Address:	Building Name:			
	Floor No.:	Unit No.:		
	Street:			
	City:	Emirate:		
Main Contact F	Person's Name:			
Main Contact F	Person's Mobile Number:			
Name of Autho	prized Signatory(ies):			
Position of Aut	horized Signatory(ies):			
Signature:				
Company Starr	nn (Seal).			





#### **Consultant General Information**

Company Name: (as in Comm	nercial License)
Short Name:	
Sister or Parent Cie.:	
Date Established:	
Nationality:	
Established in: Abu D Al Ain Other,	habi . please specify:
Company Profile (specializatio	on/classification):
Address 1 - Head Office:	Street/Building:
	P.O. Box:
	E-mail Address:
	Telephone No.:
	Fax No.:
Address 2 - Branch:	Street/Building:
(if applicable)	P.O. Box:
	E-mail Address:
	Telephone No.:
	Fax No.:
Contact Person(s): please inc	lude also the GM of the Company

Name	Designation	Email Address	Telephone No.	Mobile No.
	GM			





Consultant Ownership Details & POA: (as per official certificates & documents)				
<ul> <li>100% Owned by U.A.E Nationals</li> <li>Branch of a Foreign company</li> <li>Other, please specify:</li> </ul>	Local	wned by U.A.E National service agent		
Name of Owner(s)	Nationality	% of Ownership		

### If company is sponsored in Abu Dhabi, please provide details

Name(s) of Sp	Tel. No.	Fax No.	E-mail

# Authorized Signatory (as per Company Law)

Name	Designation	Specimen Signature





### Consultant Certificates & Licenses (min 1 month validity)

Classified related work:	Yes	No	
Description	Registration No.	Date of Registration	Reg. Expiry Date
Commercial Registration Certificate from Department of Economic Development			
Trade License from Department of Economic Development			
Consultant Classification from Department of Economic Development			
"To Whom it May Concern" Certificate from Abu Dhabi Chamber of Commerce			

#### **Consultant Experience**

#### Projects Portfolio :

Provide brief Consultant experience for the last 5 years in comprehensive tables, for the: (1) Ongoing projects (2) Completed projects and (3) Under Design projects, to include the following:

- Project name/owner name.
- Location.
- Scope of work: Main Consultant (MC), Sub consultant (SC), Design/Supervision (D/S).
- Contract value (AED).
- Year of completion (for completed projects).

Please attach Client's Reference Letters (if any) and Pictures of the Projects (Completed and Ongoing) in the designated sections of "ADCE Registration Document" file.

Please, fill below top 5 projects only based on Project Value:

Project Name	Location	Client	Contractor	Contract Value	Role	Project Status





#### **Consultant Infrastructure**

Α.	Space (please specify space in square meters)				
	Offices Location				
В.	Office Automation				
	of Computers:				
No. d	of Other Hardware:				
Do y	ou use Autodesk Revit? Yes No				
Do y	ou use AutoCAD? Yes No				
Pleas	se list the Software used including Planning/Designing/Structure Calculation:				

#### **Consultant Organization Structure**

Fill-in below, where applicable, the boxes for each specialization:

Please attach the following in the designated sections of "ADCE Registration Document" file:

- 1. Organization Chart.
- 2. Updated employee & labors list from the Ministry of Labor.
- 3. CV's of Engineers along with copy of their valid residence Visa, degree equivalency certificate from MOE.
- 4. Joint Venture with another Consultancy firm (if applicable) with its Licenses, Labour list, CV's & Visas.
- 5. Office location/Google Map.





Specialization	Total Num.	Years of Experience	Permanent/Hired
Architect			
Structural Engineer			
Civil Engineer			
Electrical Engineer			
Mechanical Engineer			
Draftsmen			
Inspector (Civil)			
Inspector (MEP)			
Financial Officer			
Document Controller			
Public Relation Officer (PRO)			
Coordinator Engineer			
Clerk & Archivist			
Secretary			
Joint Venture with another consultancy firm:	Yes	] No Specify:	

# **Consultant Financial Background**

Consultant to provide Financial details of the company for the <u>last three fiscal years</u> with supporting documents. Documents to Include:

- 1. Principal Bankers.
- 2. Performance for 3 Fiscal years.
- 3. Audited balance sheet for last 3 Fiscal years.





#### **Consultant Declaration & Disclaimer**

- We understand that Appointment of consultant is nominated solely by the landlord or his authorized representative.
- We understand that ADCE does not hold any responsibility towards consultant or any other party.
- We pledge that the seal appearing on this Registration Form belongs to our company and it is official and contractual seal.
- We pledge and agree to submit an official electronic copy of our Company's Stamp ("The Seal") to ADCE through VENDORCafé website hosted by Yardi Systems Inc. ("Yardi").
- We pledge and agree to provide a Stamp in \*.png or \*. Jpeg Format through VENDORCafé.
- We pledge and agree to upload the correct copy of the Consultant Stamp under the name of "Attachment Type Stamp".
- We understand that <u>only one stamp</u> is allowable.
- We pledge and agree to stamp all our electronic documents submitted for ADCE via Yardi Systems Inc. ("Yardi") upon ADCE request.
- Once the Seal is affixed on the said documents and submitted by the Consultant, the Consultant pledges that the contents of the documents become binding to the Consultant as per ADCE process.
- By signing this registration form, the Consultant hereby agrees to the statements outlined above.
- We declare that the given statements and information are true to the best of our knowledge and any false or misleading information will result in a rejection of the registration or cancellation of the current ADCE certificates.
- We acknowledge that the submission of this Questionnaire does not give the right to be invited to any work for ADCE. In case of any changes, ADCE shall be informed periodically.

Sample of the Required Stamp Stamp shall come in a Square of (300x300) Pixel.	300 Pixel
If your stamp is rectangular, keep space on top.	Keep space on TOP
	STAMP
Name:	Signature:
Designation:	
Date:	

