

S.I. 71 of 2025

CONSTRUCTION PROFESSIONALS COUNCIL ACT, 2022

(Act 26 of 2022)

**Construction Professionals Council (Application Forms for Registration)
Regulations, 2025**

In exercise of the powers conferred by subsection (1) of section 13 read with section 50 of the Construction Professionals Council Act, 2022 (Act 26 of 2022), the Minister responsible for Infrastructure Development, in consultation with the Seychelles Council of Registered Professionals in Construction, makes the following regulations —

Citation

1. These Regulations may be cited as the Construction Professionals Council (Application Forms for Registration) Regulations, 2025.

Application for registration

2. A construction professional, who wishes to be registered in the Register of Construction Professionals shall apply to the Council, indicating the class of membership being applied for, in the form specified in Schedule 1.

Application for registration as a corporate member

3. A firm of construction professionals, who wishes to be registered as a corporate member in the Register of Construction Professionals shall apply to the Council in the form specified in Schedule 2.

SCHEDULE 1

(Regulation 2)

**APPLICATION FOR REGISTRATION FOR MEMBERSHIP TO
CONSTRUCTIONS PROFESSIONALS**



SEYCHELLES COUNCIL OF REGISTERED PROFESSIONALS IN CONSTRUCTION

Room 211, Leve Debrouye, Zone 18 Providence, Republic of Seychelles
Tel +(248) 2666169 Email: registrar@scrpc.sc Website: www.scrpc.sc

Date of Application:

Attach photo

APPLICANT DETAILS

First Name(s)		Surname:		Gender
Date of Birth	Residential Address	Telephone Number	Email Address	
National Identity Number or Passport Number (<i>if applicable</i>)		Nationality (includes dual nationality)		
If you are residing in Seychelles under a valid permit issued by the Immigration Decree attach a copy of the permit				

MEMBERSHIP DETAILS

Construction Service provided or intend to provide

Architect Engineer Surveyor Other _____

Specialised area(s) of construction service

I am applying for registration as a:

Professional Member

Graduate Member

Technician

Any other class _____



QUALIFICATION DETAILS *(attach certificates)*

A. Academic Qualifications *(Tick any relevant boxes)*

<input type="checkbox"/> Postgraduate degree	Course Name	Name of Institution	Country	Attended from
<input type="checkbox"/> Undergraduate degree	Course Name	Name of Institution	Country	Attended from
<input type="checkbox"/> Any other academic qualifications	Course Name	Name of Institution	Country	Attended from

B. Professional Qualifications *(Please tick if relevant)*

<input type="checkbox"/> Professional Qualification	Name of qualification	Awarding Institution	Country	Attended from

EMPLOYMENT DETAILS (*attach curriculum vitae*)

Current Employment Details

Intended or Current Place of Work in Seychelles:

Address of work place:

Supervisor's full name: (*if applicable*)

Supervisor's position in the intended or current work place: (*if applicable*)

Supervisor's telephone number and email address: (*if applicable*)

NB: The Council must be notified in 14 working days of any change to the above details after registration.

License (*attach valid License Certificate*)

License No. _____

DECLARATION

I, *[Full Name of Applicant]*, of *[Applicant's Address]* hereby declare under oath the following:

Accuracy of Information:

I certify that all the information provided in this application, including any attachments and supporting documents, is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission of *facts* may result in the rejection of my application, revocation of any membership or certification granted or other legal consequences as may be determined by the governing body.

Obligation to Update Information:

I acknowledge that I am under an ongoing obligation to notify the relevant authority or organisation of any changes in the information provided in this application. I agree to promptly update any information or provide any additional documentation that may be required.

Consent to Verification:

I hereby give full consent to the **Seychelles Council of Registered Professionals in Construction (SCRPC)** to verify the authenticity of any information provided in this application, including, but not limited to my qualifications, licenses and professional experience. This may include contacting any educational institutions, employers or other entities referenced within this application.

Compliance with Applicable Laws and Regulations:

I agree to comply with all applicable laws, rules and regulations that govern the membership or certification for which I am applying. I understand that failure to comply may result in disciplinary action, including but not limited to suspension or termination of membership or certification.

By signing below, I affirm that I have read and fully understood the contents of this declaration and that I agree to be bound by its terms and conditions.

Signature of Applicant

SCHEDULE 2

(Regulation 3)

**APPLICATION FOR REGISTRATION AS CORPORATE MEMBER OF
CONSTRUCTIONS PROFESSIONALS**



SEYCHELLES COUNCIL OF REGISTERED PROFESSIONALS IN CONSTRUCTION

Room 211, Leve Debrouye, Zone 18 Providence, Republic of Seychelles
Tel +(248) 2666169 Email: registrar@scrpc.sc Website: www.scrpc.sc

Date of Application:

DETAILS OF FIRM

Registered Business Name:

Registered Address:

Type of construction firm:

Company Partnership Other _____

Company Registration Number (*if applicable, attach a copy of certificate of incorporation*):

Email address of firm:

Website: (*if available*)

PRIMARY CONTACT PERSON

Full Name:	Designation/Job Title:
Mobile Number:	Email Address:

CONSTRUCTION SERVICE OFFERED

Type of construction service(s) offered:

License (*attach valid License Certificate*)

License No.

PROFESSIONAL MEMBER DETAILS

Name of Professional Member:	Registration Number of Professional Member:
Area of authorised practice as a Professional Member: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Surveyor <input type="checkbox"/> Technician <input type="checkbox"/> Other _____	Professional Member's Position in Firm: <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Employee <input type="checkbox"/> Other _____

DECLARATION

I, *[Full Name of Applicant]*, of *[Applicant's Address]* acting on behalf of *[Name of firm]* as the *[Position held in firm]* hereby declare under oath the following:

Accuracy of Information:

I certify that all the information provided in this application, including any attachments and supporting documents, is true, accurate, and complete to the best of my knowledge and belief. I understand that any fake statement, misrepresentation, or omission of facts may result in the rejection of my application, revocation of any membership or certification granted, or other legal consequences as may be determined by the governing body.

Obligation to Update Information:

I acknowledge that I am under an ongoing obligation to notify the relevant authority or organization of any changes in the information provided in this application. I agree to promptly update any information or provide any additional documentation that may be required.

Consent to Verification:

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Compliance with Applicable Laws and Regulations:

I agree to comply with all applicable laws, rules, and regulations that govern the membership or certification for which I am applying. I understand that failure to comply may result in disciplinary action, including but not limited to suspension or termination of membership or certification.

By signing below, I affirm that I have read and fully understood the contents of this Declaration and that I agree to be bound by its terms and conditions.

Signature of Applicant

MADE this 9th day of September, 2025.

BILLY RANGASAMY
MINISTER OF LANDS AND HOUSING
