

# NEW VENDOR REGISTRATION FORM

CONTRACTORS, NON PROJECT CONSULTANTS, SUPPLIERS, SERVICE PROVIDERS

**NAME OF COMPANY** :

**TYPE OF BUSINESS REGISTERED** :

|                          |                 |                          |                     |
|--------------------------|-----------------|--------------------------|---------------------|
| <input type="checkbox"/> | Sole Proprietor | <input type="checkbox"/> | Limited Liability   |
| <input type="checkbox"/> | Partnership     | <input type="checkbox"/> | Unlimited Liability |
| <input type="checkbox"/> | Others _____    |                          |                     |

**BUMIPUTERA CONTRACTOR** :

|                          |      |                          |          |
|--------------------------|------|--------------------------|----------|
| <input type="checkbox"/> | Bumi | <input type="checkbox"/> | Non-Bumi |
|--------------------------|------|--------------------------|----------|

**CIDB REGISTERED CONTRACTOR** :

|                          |                 |                          |                     |
|--------------------------|-----------------|--------------------------|---------------------|
| <input type="checkbox"/> | CIDB Registered | <input type="checkbox"/> | Not CIDB Registered |
|--------------------------|-----------------|--------------------------|---------------------|

**NOTE**

- 1 For all applicant, please fill PART A, B, C, D and G
- 2 For Bumiputera applicant, please fill in PART E
- 3 For CIDB registered applicant, please fill in PART F

PROLINTAS Group of Companies reserves the right to accept or reject any of the applications and the Vendors shall not be reimbursed for whatever expenses or losses incurred during the preparation and submission of the completed registration documents. Only shortlisted Vendors will be invited to participate in the Tender Exercise.

| FOR PROLINTAS'S OFFICE USE ONLY  |                           |
|--|---------------------------|
| <b>DATE OF APPLICATION RECEIVED :</b><br><br><div style="text-align: right;"><i>[DATE]</i></div>                               | <b>REGISTERED TRADE :</b> |
| <b>APPLICATION RECEIVED ON BEHALF OF PROLINTAS BY :</b><br><br><div style="text-align: right;"><i>[NAME, DEPARTMENT]</i></div> |                           |
| <b>APPLICATION APPROVED BY PROLINTAS ON :</b><br><br><div style="text-align: right;"><i>[DATE]</i></div>                       |                           |



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## NAME OF COMPANY

### PART A : COMPANY PARTICULARS [compulsory]

Note: Consortium or Joint Venture

Vendor's company by a group of two or more forming a joint venture or consortium must be signed by each firm and satisfactory proof that one person is authorized to act for all. All the members of a joint-venture or consortium shall be jointly and severally responsible for all the obligations of any Contract entered. If the Contractors proposed to associate with an affiliated or non-affiliated company for executing the Services, the status and responsibility of the other company shall be clearly stated and if no such notification is given such other company shall be deemed to be a subcontractor and shall not be the Contractor.

**Company Registration No** :

**GST Registration No** :  
(if any)

**Incorporated Date** :

**Registered Address** :  
(including postcode)

**Correspondence Address** :  
(including postcode)

**Phone No** :

**Fax No** :

**Email Address** :

**Numbers of Employees** :  
(Please support with Organization Chart /  
Schedule of Staff)

**Numbers of Branch** :  
(if any)

**Location of Branch** :  
(if any)

#### Other Contact Person in the Company

| Name | Designation | Mobile No. | Email |
|------|-------------|------------|-------|
|      |             |            |       |
|      |             |            |       |
|      |             |            |       |



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NAME OF COMPANY :

**PART B : PARTICULARS OF DIRECTORS, PARTNERS [compulsory]**

**1.0 PARTICULARS OF FINANCIAL RESOURCES**

1.2 Paid Up Capital :

1.3 a) Credit Facilities :

a) Overdraft Facilities :

a) Annual Turnover :

**2.0 COMPANY DIRECTORS**

| No | Name of Director/Partner | Designation | No of Years in Relevant Trade | % Of Equity |
|----|--------------------------|-------------|-------------------------------|-------------|
|    |                          |             |                               |             |
|    |                          |             |                               |             |
|    |                          |             |                               |             |
|    |                          |             |                               |             |
|    |                          |             |                               |             |

**PART C : CATEGORY/TRADE [compulsory]**

**GOODS**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Office Equipment | <input type="checkbox"/> IT Equipments   | <input type="checkbox"/> Electrical Appliances | <input type="checkbox"/> Premium Items     |
| <input type="checkbox"/> Stationeries     | <input type="checkbox"/> Vehicles        | <input type="checkbox"/> Communication         | <input type="checkbox"/> Office Furnitures |
| <input type="checkbox"/> Uniform          | <input type="checkbox"/> Pantry/Sundries | <input type="checkbox"/> Sports Equipments     | <input type="checkbox"/> Others            |

**SERVICES**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Vehicle Maintenance     | <input type="checkbox"/> Catering         | <input type="checkbox"/> Repair / Renovation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> IT Maintenance          | <input type="checkbox"/> News Agency      | <input type="checkbox"/> Cleaning / Security | <input type="checkbox"/> General Repair |
| <input type="checkbox"/> Electrical / Electronic | <input type="checkbox"/> Medical Insurans | <input type="checkbox"/> Rental              | <input type="checkbox"/> Advertising    |
| <input type="checkbox"/> Travel & Tour Agency    | <input type="checkbox"/> Event Management | <input type="checkbox"/> Printing            | <input type="checkbox"/> Accomodation   |
| <input type="checkbox"/> Consultation            | <input type="checkbox"/> Others           |  |   |

**ENGINEERING**

- |  |  |  |                                 |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Pavement Work                       | <input type="checkbox"/> Structure                                 | <input type="checkbox"/> Consultant Services | <input type="checkbox"/> Others |
| <input type="checkbox"/> Road Furniture                      | <input type="checkbox"/> Landscape & Slope                         | <input type="checkbox"/> Routine Maintenance |                                 |
| <input type="checkbox"/> Building                            | <input type="checkbox"/> Drainage                                  | <input type="checkbox"/> Machinery Rental    |                                 |
| <input type="checkbox"/> (Toll Plaza/ Layby/ Toll Booth/RSA) | <input type="checkbox"/> GPS Tracker & Wireless calling system     |  |                                 |
| <input type="checkbox"/> Safety Product and Appliances       | <input type="checkbox"/> Security / Guarding Services & Appliances |  |                                 |
| <input type="checkbox"/> Patrol Vehicle & Accessories        |  |  |                                 |

**OPERATIONS**

- |   |  |                                 |
|---|--|---------------------------------|
| <input type="checkbox"/> Canvas Bag / Tampered          | <input type="checkbox"/> Money Detector & Accessories    | <input type="checkbox"/> Others |
| <input type="checkbox"/> Evidence Bag                   | <input type="checkbox"/> Toll Collection System (TCS)    |                                 |
| <input type="checkbox"/> Cash-In-Transit (CIT) Services | <input type="checkbox"/> Strong Room & Safes Maintenance |                                 |

if Others Please clarify

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NAME OF COMPANY

**PART D : DOCUMENTS REQUIRED** *[It shall be compulsory if this applies to you]*

- |    |  |  |
|----|--|--|
| 1  | Company Profile  |  |
| 2  | Organization Chart   |  |
| 3  | Form 24  |  |
| 4  | Form 49  |  |
| 5  | Form 32A   |  |
| 6  | Form 9 and Memorandum & Articles of Association                            |  |
| 7  | Suruhanjaya Syarikat Malaysia (“SSM”), Borang D – Registration Certificate |  |
| 8  | Kementerian Kewangan Malaysia (“KKM”), Registration Certificate            |  |
| 9  | Limited Liability Partnership (“LLP”) Certificate                          |  |
| 10 | Security Services Association of Malaysia (“PPKKM”)                        |  |
| 11 | Malaysia Association of Cleaning Contractors                               |  |
| 12 | Goods and Services Tax (“GST”), Registration Certificate                   |  |
| 13 | Previous Completed Contracts for the past 5 years                          |  |
| 14 | Schedule of Past Contracts   |  |
| 15 | Schedule of Current Contracts  |  |
| 16 | Latest three (3) months Bank Statement                                     |  |
| 17 | Last three (3) years Audited Account                                       |  |
| 18 | Endorsed Notice on Personal Data Protection                                |  |
| 19 | Endorsed Vendor Letter of Declaration                                      |  |
| 20 | Others   |  |

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NAME OF COMPANY

**PART E : BUMIPUTERA CONTRACTOR APPLICATION** *[Only applicable for Bumiputera Contractor only]*

**1.0 BUMIPUTERA REGISTRATION :**

Bumiputera Status Registration Reference No :

Please state the relevant regulatory bodies :  
*(PKK / KKM / CIDB / Other)*

Expiry Date :

**2.0 DOCUMENTS REQUIRED**

- 1 Valid Certificate for Bumiputera Status Registration (Issued from PKK / KKM / CIDB / Other)
- 2 Any registration from relevant regulatory bodies for Bumi Status
- 3 Directors' Circulation resolution passed pursuant to the Company's Articles of Association of Bank Cheques Signatory
- 4 Borang A (KWSP6) – Latest 3 months statement together with proof of payment
- 5 Borang 8A (PERKESO) - Latest 3 months statement together with proof of payment

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**NAME OF COMPANY**

**PART F : FOR CIDB REGISTERED CONTRACTOR ONLY**

**1.0 CIDB REGISTRATION**

CIDB Registration Certificate

GRADE :

CATEGORY : B   
 CE   
 ME

Expiry Date : \_\_\_\_\_

**2.0 MANAGEMENT SYSTEM**

Do you have any of the following Certificate Management System?

| YES | NO |   |
|-----|----|---|
|     |    | ISO 9001:2008 (Quality Management System)                           |
|     |    | OHSAS 18001:2007 (Occupational Health and Safety Management System) |
|     |    | MS 1722:2011 (Occupational Safety and Health Management System)     |
|     |    | ISO 14001:2004 (Environmental Management System)                    |

If NONE, does the Company adopt any Management System in the Construction Process and Procedure?  
 [ YES / NO ]

**3.0 DOCUMENTS REQUIRED**

- 1 Construction Industry Development Board, Malaysia ("CIDB"), Registration Certificate
- 2 QLASSIC / CONQUAS Certificate
- 3 SHASSIC Certificate
- 4 Schedule of Plants, Machinery & Equipment
- 5 Certificate ISO 9001:2008
- 6 Certificate OHSAS 18001:2007
- 7 Certificate MS 1722:2011
- 8 Certificate ISO 14001:2004

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**NAME OF COMPANY**

**PART G : DECLARATION**

I / We declare and confirm that information given and contained in the copies of documents provided are true. I /We are aware and understand that if any of the information forwarded and contained in the enclosed documents, are found to be false, PROLINTAS Group of Companies has the right to reject our application or revoke any previously approved registration.

Signature :

Name :

Designation :

I/C No. or Passport No. :

Date :

Company Chop :