

## NEW VENDORS REGISTRATION FORM

### SERVICE PROVIDERS AND SUPPLIERS

Company Name\*

Nature of Business\*

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 <span style="background-color: yellow;">_____ [please state]</span>		

Bumiputera\*  
(if applicable)

<input type="checkbox"/>	Bumi [please fill in Part C]	<input type="checkbox"/>	Non Bumi
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Region of Operation\*

<input type="checkbox"/>	Federal Territory of Kuala Lumpur	<input type="checkbox"/>	Penang
<input type="checkbox"/>	Federal Territory of Putrajaya	<input type="checkbox"/>	Terengganu
<input type="checkbox"/>	Selangor	<input type="checkbox"/>	Kelantan
<input type="checkbox"/>	Negeri Sembilan	<input type="checkbox"/>	Kedah
<input type="checkbox"/>	Malacca	<input type="checkbox"/>	Perlis
<input type="checkbox"/>	Johor	<input type="checkbox"/>	Sabah
<input type="checkbox"/>	Pahang	<input type="checkbox"/>	Federal Territory of Labuan
<input type="checkbox"/>	Perak	<input type="checkbox"/>	Sarawak

All fields marked with an asterisk (\*) are mandatory and failure to provide information may result in the rejection of application. UEM Sunrise Berhad 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.

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Company Name : \_\_\_\_\_

### PART A : COMPANY PARTICULARS *[compulsory]*

Note: Consortium or Joint Venture

**Application of** vendor's company by a group of two or more forming a joint venture or consortium must be **completed and** 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 **Contractor proposes** 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.

#### 01 – VENDOR COMMON DETAILS

Business Reg. No/NRIC/Passport No.\* :

SST / GST Registration No.\* :   
(Delete as applicable)

Date of Incorporation\* :

Business Registration Expiry Date :   
(Applicable to Sole Proprietor & Partnership Companies only)

Address Line 1\* :

Phone\* :

Address Line 2 :

Fax :

Address Line 3 :

City\* :

Zip/Postal Code :

Country\* :

State/Province\* :

Primary Contact Name\* :

Phone\* :

Email\* :

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### 02 – BRANCH DETAILS *[only if applicable]*

*Note: Please insert new sheet if your company have more than one branch.*

Branch Name\* :

Address Line 1\* :  Phone\* :

Address Line 2 :  Fax :

Address Line 3 :  City\* :

Zip/Postal Code :

Country\* :  State/Province\* :

Primary Contact Name\* :  Phone\* :

Email\* :

### 03 – FINANCIAL DETAILS

Paid-up Capital (RM)\* :

*Notes:*

- 1. Applicable to Limited Liability & Unlimited Liability Companies only.*
- 2. Information must tally with SSM Form 24 or Companies Act 2016 – Section 78 or SSM e-information.*

Credit Facilities from Bank (RM)\* :

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:

### PART B: DOCUMENTS CHECKLIST

Note: Items marked with an asterisk (\*) are compulsory.

Please tick:

- ☐ Incorporation of Company Certificate and Change of Name of Company Certificate (if any)  
- SSM Form 9 & 13 (if any) / Companies Act 2016 – Section 14 & 15 (if any) or equivalent document\*
- ☐ Directors Particulars – SSM Form 49 and/or Companies Act 2016 Section 58 or equivalent document\*
- ☐ Particular of Shares - SSM Form 24 & 32A (if any) / Companies Act 2016 – Section 78 & Section 105 (if any) / Section 51 / Section 68 or equivalent document
- ☐ SST Registration Approval Letter (by Royal Malaysian Custom Department)
- ☐ Latest Details of Organisation Chart [with Name & Designation] \*
- ☐ Company Profile\*, inclusive below appendices: -
- ☐ Appendix 1 – Company Shareholder(s) and Director(s)\*
  - ☐ Appendix 2 – Qualified Technical Personnel\* (Managerial Staff Exclude Directors)
  - ☐ Appendix 3 – Technical Staff(s)\*
  - ☐ Appendix 4 – Others Staff\* (Admin, HR, IT, Finance etc)
  - ☐ Appendix 5 – List of Services / Supplies Currently in Hand\*
  - ☐ Appendix 6 – List of Other Clients\*
  - ☐ Appendix 7 – Last 3 Years Company Turnover\*
- ☐ Schedule of Plants, Equipment and Machinery
- ☐ Latest 3 Months Bank Statement\*
- ☐ Last 3 Years Annual Audited Accounts or equivalent document\*
- ☐ Credit Facilities Letter from Bank
- ☐ Declaration of Consent (with regards to Privacy Policy)\*

## NEW VENDORS REGISTRATION FORM

### SERVICE PROVIDERS AND SUPPLIERS

Company Name : \_\_\_\_\_

#### DOCUMENTS CHECKLIST (Cont'd)

- ☐ Code of Conduct for Business Partners\*
- ☐ Acknowledgement of the Code (Page 10)\*
- ☐ Declaration of Interest – Appendix 1 of the Code\*
- ☐ Director's Resolution or equivalent document\* (as applicable to vendor organisation)

#### PART C: BUMIPUTERA REGISTRATION [Applicable to Bumiputera Service Providers and Suppliers only]

#### 01 – BUMIPUTERA REGISTRATION DETAILS

Please fill in the related details:

Regulatory Body	Registration No.*	Expiry Date* <sup>Note 2</sup>
MOF <sup>Note 1</sup>		

Note 1: Ministry of Finance.

Note 2: In the case of renewal, please provide evidence.

#### 02 – DOCUMENTS REQUIRED

Please tick if applicable:

- ☐ Valid Certificate for Bumiputera Status Registration (Issued from PKK / KKM / CIDB / Other)
- ☐ Directors' Resolution (with regards to authorized signature)  
*Note: Applicable to Limited Liability & Unlimited Liability Companies Only*
- ☐ Borang A (KWSP6) – Latest 3 months statement with proof of payment
- ☐ Borang 8A (PERKESO) – Latest 3 months statement with proof of payment

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Company Name : \_\_\_\_\_

### PART D : COMPANY MANAGEMENT SYSTEM

#### DOCUMENTS CHECKLIST

Please tick if applicable:

☐

Certificate ISO9001

☐

Certificate OHSAS18001 / ISO45000 *(Delete as applicable)*

☐

Certificate MS1722

☐

Certificate ISO14001

# NEW VENDORS REGISTRATION FORM

## SERVICE PROVIDERS AND SUPPLIERS

Company Name : \_\_\_\_\_

### PART E : DECLARATION *[compulsory]*

Declaration by authorized personnel (Company's Director / Managing Director / Chief Executive Officer) to be made either before Company Secretary or Commissioner for Oaths.

Please tick as applicable:

☐

Company Secretary

☐

Commissioner for Oaths

#### (i) Declaration made before Company Secretary

I/We declare and confirm that information given and contained in the copies of documents provided herein including the Appendices (the "Submission Documents") are true. I/We am/are aware and understand that if any of the information forwarded and contained in the Submission Documents are found to be false, UEM Sunrise Berhad has the right to reject our application or revoke any previously approved registration.

Authorized Signatory\*  
(Company's Director / MD / CEO)

:

Name\*

:

Designation\*

:

I/C No. or Passport No.\*

:

Date\*

:

Company Stamp\*

:

Before;

Signature\*

:

Company Secretary

Name\*

:

I/C No. or Passport No.\*

:

Stamp\*

:

Date\*

:

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### SERVICE PROVIDERS AND SUPPLIERS

#### (ii) Declaration made before Commissioner for Oaths

I, ..... (name of applicant) IC No. / Passport No. ....  
of .....

..... (address) do solemnly and sincerely declare the following:

1. That I am Company's Director / Managing Director / Chief Executive Officer (*delete as applicable*) in

..... (company name) .....

..... (company address) and am duly authorized

to affirm this declaration on behalf of the Company;

2. I declare and confirm that information given and contained in the copies of documents provided herein including the Appendices (the "Submission Documents") are true. I am aware and understand that if any of the information inserted and contained in the Submission Documents are found to be false, UEM Sunrise Berhad has the right to reject our application or revoke any previously approved registration.

And I make this solemn declaration conscientiously conforming the declaration to be true, and by virtue of the provisions of the Statutory Declarations Act 1960 / 1969.

Subscribed and solemnly declared by the abovenamed

]

.....

]

at .....

]

.....

]

(Signature of applicant)

in the state of .....

]

(Company's Director / MD / CEO)

on this day of ..... (date)

]

(*delete as applicable*)

Company Stamp:

Before;

Signature\*

:

Commissioner for Oaths

Name\*

:

I/C No. or Passport No.\*

:

Stamp\*

:

Date\*

:



## NEW VENDORS REGISTRATION FORM

### SERVICE PROVIDERS AND SUPPLIERS

#### APPENDIX 1 - COMPANY SHAREHOLDER(S) AND DIRECTOR(S)

**Notes:**

1. All fields marked with an asterisk ( \* ) are **mandatory**. Failure to provide information may result in your company losing the opportunity to be evaluated and / or selected into the list of preferred vendors.
2. Details of this table **MUST** tally and align with below forms under the Companies Act as per the following:
  - a. Shareholders - tally with Form 24, 32A (if any) or Companies Act 2016-Section 78 and section 105 (if any) or SSM e-info
  - b. Director - tally with Form 49 and/or Companies Act 2016-Section 58 or SSM e-info

COMPANY NAME :

#### Company Shareholder(s) Details

NO	SHAREHOLDER NAME*	NRIC / PASSPORT NO OR COMPANY REGISTRATION NO. * (As Applicable)	SHARES OWNED* (RM)	% OF EQUITY*
1				
2				
3				
4				
5				
TOTAL				

#### Company Director(s) Details

NO	DIRECTOR NAME*	NRIC / PASSPORT NO*	DESIGNATION*	QUALIFICATION*	TOTAL YEARS OF WORKING EXPERIENCE IN RELATED FIELD*	CONTACT NO.		EMAIL
						OFFICE*	MOBILE	
1								
2								
3								
4								
5								



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## NEW VENDORS REGISTRATION FORM

### SERVICE PROVIDERS AND SUPPLIERS

#### **APPENDIX 2 - QUALIFIED TECHNICAL PERSONNEL [up to 25 staff, if any]** (Managerial Staff exclude Directors) (MINIMUM 8 YEARS of Total Experience)

Note: All fields marked with an asterisk ( \* ) are **mandatory**. Failure to provide information may result in your company losing the opportunity to be evaluated and / or selected into the list of preferred vendors.

##### **Qualified Technical Personnel Details**

COMPANY NAME\* :

TOTAL STAFF\*:

NO	FULL NAME AS IN NRIC / PASSPORT*	NRIC / PASSPORT NO*	QUALIFICATION*	DESIGNATION*	TOTAL YEARS OF WORKING EXPERIENCE IN RELATED FIELD*	WORK PHONE	EMAIL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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14							
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23							
24							
25							



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### SERVICE PROVIDERS AND SUPPLIERS

#### APPENDIX 3 - TECHNICAL STAFF [up to 25 staff, if any]

Note: All fields marked with an asterisk (\*) are **mandatory**. Failure to provide information may result in your company losing the opportunity to be evaluated and / or selected into the list of preferred vendors.

##### Technical Staff Details

COMPANY NAME\* :

TOTAL STAFF\*:

NO	FULL NAME AS IN NRIC / PASSPORT*	NRIC / PASSPORT NO*	QUALIFICATION*	DESIGNATION*	TOTAL YEARS OF WORKING EXPERIENCE IN RELATED FIELD*	WORK PHONE	EMAIL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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18							
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21							
22							
23							
24							
25							

## NEW VENDORS REGISTRATION FORM

### SERVICE PROVIDERS AND SUPPLIERS

#### **APPENDIX 4 - OTHER STAFF (Admin, HR, IT, Finance etc) [up to 15, if any]**

Note: All fields marked with an asterisk ( \* ) are **mandatory**. Failure to provide information may result in your company losing the opportunity to be evaluated and / or selected into the list of preferred vendors.

##### **Other Staff Details**

COMPANY NAME\* :

TOTAL NO. OF SUPPORT STAFF\* :

NO	FULL NAME AS IN NRIC / PASSPORT*	NRIC / PASSPORT NO*	QUALIFICATION*	DESIGNATION*	TOTAL YEARS OF WORKING EXPERIENCE IN RELATED FIELD*	WORK PHONE	EMAIL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							



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### SERVICE PROVIDERS AND SUPPLIERS

#### APPENDIX 5 - LIST OF SERVICES / SUPPLIES CURRENTLY IN HAND

Notes:  
1. All fields marked with an asterisk (\*) are **mandatory** and failure to provide information may result in your company losing the opportunity to be evaluated and / or selected into the list of preferred vendors.  
2. Please add sheet(s) if necessary.

#### List of Services/ Supplies Currently in Hand

COMPANY NAME :

TRADE / SPECIALIZATION NAME:

NO	DESCRIPTION OF CURRENT/ON-GOING JOB* (SERVICE / SUPPLY NAME)	VALUE OF SERVICE / SUPPLY (RM)*	CLIENT / EMPLOYER NAME*	DATE OF AWARD* (DD/MM/YYYY) - As Stated in the LOA	TARGET COMPLETION DATE* (DD/MM/YYYY)	PERCENTAGE OF COMPLETION* (%)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

## NEW VENDORS REGISTRATION FORM

### SERVICE PROVIDERS AND SUPPLIERS

#### APPENDIX 6 - LIST OF OTHER CLIENTS [up to 15, if any]

*Note: All fields marked with an asterisk ( \* ) are **mandatory** and failure to provide informaton may result in your company losing the opportunity to be evaluated and / or selected into the list of preferred vendors.*

#### List of Other Clients

COMPANY NAME :

TOTAL NO. OF DIFFERENT CLIENT :

NO	NAME OF CLIENT*	ACCUMMULATIVE NO. OF CONTRACT*	LAST CONTRACT DATE (MM/YYYY)*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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#### APPENDIX 7 - LAST 3 YEARS COMPANY TURNOVER (Based on Services / Supplies Value)

*Notes:*

1. All fields marked with an asterisk ( *\** ) are **mandatory**. Failure to provide information may result in your company losing the opportunity to be evaluated and / or selected into the list of preferred vendors.
2. Value of Company Turnover must be proven with Annual Audited Accounts or any other relevant supporting documents.

COMPANY NAME :

YEAR <sup>*</sup>	VALUE (RM) <sup>*</sup>