

NEW VENDORS REGISTRATION FORM

PROJECT CONSULTANTS

Company Name* :

Nature of Business* :

Type of Business Registered* :

<input style="width: 50px; height: 25px;" type="checkbox"/> Sole Proprietor	<input style="width: 50px; height: 25px;" type="checkbox"/> Limited Liability
<input style="width: 50px; height: 25px;" type="checkbox"/> Partnership	<input style="width: 50px; height: 25px;" type="checkbox"/> Unlimited Liability
<input style="width: 50px; height: 25px;" type="checkbox"/> Others [please state]	

Bumiputera* :

<input style="width: 50px; height: 25px;" type="checkbox"/> Bumi [please fill in Part C]	<input style="width: 50px; height: 25px;" type="checkbox"/> Non Bumi
--	--

Region of Operation* :

<input style="width: 50px; height: 25px;" type="checkbox"/> Federal Territory of Kuala Lumpur	<input style="width: 50px; height: 25px;" type="checkbox"/> Penang
<input style="width: 50px; height: 25px;" type="checkbox"/> Federal Territory of Putrajaya	<input style="width: 50px; height: 25px;" type="checkbox"/> Terengganu
<input style="width: 50px; height: 25px;" type="checkbox"/> Selangor	<input style="width: 50px; height: 25px;" type="checkbox"/> Kelantan
<input style="width: 50px; height: 25px;" type="checkbox"/> Negeri Sembilan	<input style="width: 50px; height: 25px;" type="checkbox"/> Kedah
<input style="width: 50px; height: 25px;" type="checkbox"/> Malacca	<input style="width: 50px; height: 25px;" type="checkbox"/> Perlis
<input style="width: 50px; height: 25px;" type="checkbox"/> Johor	<input style="width: 50px; height: 25px;" type="checkbox"/> Sabah
<input style="width: 50px; height: 25px;" type="checkbox"/> Pahang	<input style="width: 50px; height: 25px;" type="checkbox"/> Federal Territory of Labuan
<input style="width: 50px; height: 25px;" type="checkbox"/> Perak	<input style="width: 50px; height: 25px;" 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 members of a joint-venture or consortium shall be jointly and severally responsible for all the obligations of any Contract entered.

01 – VENDOR COMMON DETAILS

Business Reg. 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.*

Supplier Credit Facilities (RM) :

Overdraft Facilities (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)*

☐

Appendix 1 – Vendor's Specialization*

☐

Company Profile*, inclusive below appendices: -

☐

Appendix 2 – Shareholder(s) and Director(s) Details*

☐Appendix 3 – Qualified Technical Personnel* (*Experience Not Less Than 8 Years*)☐

Appendix 4 – Technical Staff(s) Details*

☐Appendix 5 – Others Staff* (*Admin, HR, IT, Finance etc*)☐

Appendix 6 – Last 5 Years Completed Project Experience*

☐Appendix 7 – List of Awards and Recognition* (*applicable to design consultants only*)☐

Appendix 8 – Company Turnover (based on professional fees) for the last 3 years*

☐

Appendix 9 – Building Information Modelling (BIM) Capability

☐

Last 3 Years Annual Audited Accounts or equivalent document*

☐

Declaration of Consent (with regards to Privacy Policy)*

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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 Project Consultants only]

01 – BUMIPUTERA REGISTRATION DETAILS

Please fill in the related details:

Regulatory Body	Registration No.*	Expiry Date* ^{Note 2}
MOF ^{Note 1}		

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

PART D: BUILDING INFORMATION MODELLING (BIM) CAPABILITY

Please tick if applicable:

- ☐ BIM Experience ☐ BIM Ready for Resource ☐ No

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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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(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*

:



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APPENDIX 1 - VENDOR'S SPECIALIZATION

Notes:

1. Please tick (✓) whichever specialization that applicable to your company for main code and sub code.
2. For Appendix 6 (Last 5 Years Completed Project Experience), please separate the list of experience for each of the specialization (Code) that you ticked.

CODE	SPECIALIZATION	TICK (✓)
CONS01	Acoustic	
CONS02	Architectural	
CONS02-01	Highrise	
CONS02-02	Landed/Township	
CONS02-03	Mix Development	
CONS02-04	Sales Gallery	
CONS02-05	Others	
CONS03	BIM	
CONS04	Civil & Structural	
CONS04-01	Highrise	
CONS04-02	Landed/Township	
CONS04-03	Mix Development	
CONS04-04	Sales Gallery	
CONS04-05	Civil (Infrastructure)	
CONS04-06	Others	
CONS05	Checker	
CONS05-01	Architectural	
CONS05-02	Civil & Structural	
CONS05-03	Geotechnical	
CONS05-04	Mechanical & Electrical	
CONS05-05(a)	Ancillary - Silt Management System	
CONS05-05(b)	Ancillary - Others	
CONS06	Claims Consultant	
CONS07	Environmental	
CONS07-01	Environmental Impact Assessment	
CONS07-02	Environmental Management Plan	
CONS08	Facade Consultant	
CONS09	Fire Engineering	
CONS10	Geomancy Consultant	
CONS11	Geotechnical	
CONS12	Green Building	
CONS13	Hydrologist Consultant	
CONS14	IBS Consultant	
CONS15	Interior Design	
CONS16	Kitchen Consultant	
CONS17	Land Surveyor	
CONS17-01	Land/Cadastral Survey	
CONS17-02	Topographic Survey	
CONS17-03	Engineering Surveying	
CONS17-04	Strata Title	
CONS17-05	Underground Utility Detection Mapping	
CONS17-06	Mining Surveying	
CONS17-07	Hydrographic Survey	
CONS17-08	Geodetic Survey	
CONS17-09	Aerial Survey	
CONS17-10	Others	

CODE	SPECIALIZATION	TICK (✓)
CONS18	Landscape Architect	
CONS19	Laundry System Design	
CONS20	Lighting Design Consultant	
CONS21	Mechanical & Electrical	
CONS21-01	Highrise	
CONS21-02	Landed/Township	
CONS21-03	Mix Development	
CONS21-04	Sales Gallery	
CONS21-05	Others	
CONS22	Market Research (for Property or Real Estate)	
CONS23	Project Management	
CONS24	Planner	
CONS25	Pylon	
CONS26	Quantity Surveyor	
CONS26-01	Highrise	
CONS26-02	Landed/Township	
CONS26-03	Mix Development	
CONS26-04	Sales Gallery	
CONS26-05	Others	
CONS27	Retail & Space Consultant	
CONS28	Road Safety Audit Consultant	
CONS29	Security	
CONS30	Signage & Way Finding	
CONS31	Town Planner	
CONS32	Traffic Impact Assessment	
CONS33	Valuer	
CONS34	Wind Consultant	
CONS35	Other Consultants	



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APPENDIX 2 - 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:

- Shareholders - tally with Form 24, 32A (if any) or Companies Act 2016-Section 78 and section 105 (if any) or SSM e-info
- 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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APPENDIX 3 - QUALIFIED TECHNICAL PERSONNEL [up to 25 staff, if any]

Including:

- 1) Technical Personnel with MINIMUM 8 YEARS of Total Experience
- 2) Registered Professionals such as Ar. / LAr. / Ir. / Sr. etc

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. Technical Personnel with less than 8 years experience should be inserted in Appendix 4.

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							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							



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APPENDIX 4 - TECHNICAL STAFF [up to 25 staff, if any]

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. Please insert Technical Staff with total experience less than 8 years. Technical Personnel with 8 years experience and above should be inserted in Appendix 3.

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							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

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APPENDIX 5 - 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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APPENDIX 6 - LAST 5 YEARS COMPLETED PROJECT EXPERIENCE

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 fill in Specialization Name and Specialization Codes based on name and codes ticked in Appendix 1.
3. Please separate list of projects for each specialization (according to Main Code and Sub Code, if applicable) in different sheets.
4. If the Employer is the subsidiary of any developer in Table A, please state the Parent Company Name.

Last 5 Years Completed Project Experience

COMPANY NAME :

SPECIALIZATION MAIN CODE:

TRADE / SPECIALIZATION NAME:

SPECIALIZATION SUB CODE:

TABLE A
Project Experience with the following developers or their subsidiaries should be listed first: -

List of Established Developers:

1. SP Setia Berhad
2. Sime Darby Property Berhad
3. Sunway Berhad
3. UCA Development Berhad
4. UEM Land Berhad
5. Gamuda Berhad
6. UEM Sunrise Berhad
7. IOI Properties Group Berhad
8. Mah Sing Group Berhad
9. Eco World Development Group Berhad
10. Tropiana Corporation Berhad
11. KGB Berhad

NO	PROJECT NAME*	TOTAL PROJECT VALUE*	CLIENT / EMPLOYER NAME*	PARENT COMPANY OF EMPLOYER (If Applicable)	DATE OF AWARD (DD/MM/YYYY) - As Stated in the LOA	ACTUAL COMPLETION DATE (MM/YYYY)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

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APPENDIX 7 - LIST OF AWARDS & RECOGNITION **(Applicable to Design Consultants only)**

Notes:

1. This section only applicable to landscape Architect, Interior Design & Architect (if any).
2. 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.
3. Please include recognised awards such as PAM, The Edge, FIABCI etc

COMPANY NAME :

NO	PROJECT NAME*	CLIENT NAME*	YEAR OF AWARD*	TITLE OF AWARD / RECOGNITION*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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APPENDIX 8 - LAST 3 YEARS COMPANY TURNOVER **(Based on Professional Fees)**

Notes:

1. All fields marked with an asterisk (*) are **mandatory**. Failure to provide information may result in the rejection of application.
2. Value of Company Turnover must be proven with Annual Audited Accounts or any other relevant supporting documents.

COMPANY NAME :

YEAR*	VALUE (RM) *

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APPENDIX 9 - BUILDING INFORMATION MODELLING (BIM) CAPABILITY (if applicable)

Notes:

1. All fields marked with an asterisk (*) are **mandatory** and failure to provide informaton may result in the rejection of application.
2. Please complete Part A, B and C for companies with "BIM Experience". For companies which "BIM Ready for Resource", please complete Part A and B only.

COMPANY NAME :

PART A: BIM SOFTWARE

1	
2	
3	

PART B: BIM PERSONNEL (Please attach certificate)

1	
2	
3	
4	
5	

PART C: LIST OF PROJECTS WITH BIM EXPERIENCE

NO	PROJECT NAME*	TOTAL PROJECT VALUE:*	CLIENT / EMPLOYER NAME*	DATE OF AWARD* (DD/MM/YYYY) - As Stated in the LOA	TARGET / ACTUAL COMPLETION DATE (MM/YYYY)	STATUS OF PROJECT* (ONGOING / COMPLETED)	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							