



NEW SUPPLIER SUBCONTRACTOR
REGISTRATION FORM

MK-F13

Rev : 1

Name:			
Mailing Address:			
Contact No:			
Web Site:		Fax :	
Contact Person:		E-mail:	

1 Type of Company [Please tick () in appropriate box]

- Sole Proprietorship Public Company
 Partnership Joint-Venture
 Private Company Others (Please Specify) _____

2 Company Registrar:
Date of Registration :

3 Principals, Partners or Directors

Name	Designation	Nationality	NRIC / Passport No.

4 Major Shareholders & Percentage Owned

Name of Shareholders	Nationality	% Shareholding

5 Is your company certified for a quality assurance by a recognised certification body ?

- Yes. Please attach a copy of certificate No



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6 Is your company been previously disqualified for Government project?

Yes

No

If yes, please provide a brief description of reason disqualification

7 Details of completed projects

Description of Project	Value of Contract / Work	Commencement & Completion Date	Completed within Contract Period	
			Yes	No

8 Details of Current Projects

Description of Current Project	Value of Contract / Work	Commencement &

9 Credit Terms

Terms : _____ Limit : _____

10 Lead - Time of Delivery : _____

11 Is the Product Certified by Any Body ?

Yes. Please attach certificate & test result

No

12 Available of product Catalogue ?

Yes. Please attach certificate & test result

No

Submitted By : _____

Signature : _____

Name : _____

Designation : _____