COMPANY (SUBCONTRACTOR / SUPPLIER) REGISTRATION FORM

A. BACKGROUND

General

Name of Company : _____

Mailing Address : _____

_____

Postcode : _____ Town/City : _____

Tel No : _____Fax:_____ Email: _____

Contact Person (s) : 1) 2) 3)

Designation (s) : 1) 2) 3)

HP No : 1) 2) 3)

Services / Goods Offer (Please tick whichever applicable)

☐ Services / Trades Scope : _____

☐ Material / Goods Type : _____
(Attach brochures, specification and price)

No. of years in business : _____years.

Type of Company (Please tick whichever applicable)

☐ Sole Proprietor

☐ Partnership

☐ Private Limited

☐ Other (Please Specify)

EMIR BINA SDN. BHD. (1050178-M)
403, A, Blok 1, Laman Seri Business Park,
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Selangor Darul Ehsan, Malaysia.
M : +6019.335.7862
T : +603.5524.4467
+603.5524.4468
F : +603.5524.4463
E : emirbinagroup@gmail.com
W : www.emirbina.com.my

Human Resources

Total no. of Staff : _____ No. of Technical Staff : _____

No. of Quality Assurance / Control Staff : _____ Others : _____

No. of Operation / Production Staff : _____

Note: Supplier– Please attach a copy of company profile, list of past projects, brochures, product specifications, product certificate (if any), prices.

Subcontractor – Please attach a copy of company profile, list of past projects, past client reference and contact.

B.COMPANY FINANCIAL BACKGROUND

Authorized Capital : _____

Paid-up Capital : _____

Plant & Machinery : _____

Working Capital : _____

Total Assets : _____

C. LICESING / REGISTRATION AUTHORITY (Please tick whichever applicable)

☐ PKK (Grade: _____)

☐ CIDB (Grade: _____)

☐ JKR

☐ PAM

☐ Jabatan Bomba

☐ TNB

☐ SIRIM

☐ Kementerian Kewangan

☐ Others (Please Specify)

Note: Please attach relevant certificate (s)

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D. QUALITY MANAGEMENT SYSTEM EVALUATION

No	Questions	Yes	No	Not Applicable
1.	Does your company plan to achieve the Quality System Certification (i.e. ISO 9000) in the near future? If YES, by when? _____ Certification Body _____ Is any of your products certified to product specific standard / certification? If YES, please attach relevant certificate			
2.	Do you calibrate your inspection, measuring and test equipment (e.g. survey instrument, gauge, micrometers, weighing machines, etc. regularly?)			
3.	Does your company carry out regular plant & machinery servicing / maintenance?			
4.	Do you have a system to control non-conforming material / works?			
5.	Do you have a procedure to handle customer complaints? If YES, please attach procedure.			
6.	Do you perform any inspection on your material (goods) / work done? I YES, please attach sample checklists			
7.	Do you perform any test on your material (goods)? If YES, please attach test certificates / records.			
8.	Do you have method statements for services / trades specified above? If YES, please attach method statements			
9.	Can our client or us verity your supplied products / services at your premise?			

I / We hereby declare that the above information is accurate.

Signature :

Name : **Company Stamp :**

Designation :

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FOR OFFICE USE

E. CRITERIA FOR EVALUATION

a) Track record :

b) Product Quality (Supplier only) :

Pricing Criteria (Supplier 0ly) :

Capability (Subcontractor only) :

Resources (Subcontractor only) :

QMS :

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COMPLETED PROJECTS

Item	Name Of Contract / Project	Contract Value	Contract Duration	Date Of Site Possession	Contract Completion Date	Actual Completion Date	Name And Address S.O / Consultant Engineers	Name And Address Employer

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TECHNICAL STAFF

Name and Ic	Age	Qualification Professional / Education	Year Qualified	Date Employed	Position / Current Responsibility	Previous Experience (Project Name and Position Held and Length of employed and so on)

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F. RECOMMENDATION

_____

_____

_____

_____

_____

Signature : Date :

Name :

G. APPROVAL

Is contractor / supplier *acceptable? Yes / No*

Remarks

_____

_____

_____

Signature : Date:

Name :

Delete whichever not applicable

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