

EXTERNAL PROVIDER'S NEW REGISTRATION FORM

INSTRUCTION:

Please enclose all relevant document as follows:

- a) Company Profile, Copy of Company Forms ie. Form 9, Form 24 or Form 49
- b) Business brochure or catalogues

Type of New External Providers								
Supplier / Material		Subcontrac	actor / Trade :					
Part 1: To be completed by External Provider.								
Product / Service required :								
Part 2: External Provider Particulars								
Company Name:				Tel: Fax: Email: Company Registration No.:				
Registered Company Address:								
Company's Operating Address:								
Nature of Business:								
Contact Person(s) Name	1.			Contact No.:				
	2.			Contact No.:				
Equity Content	Malaysian:% Foreig		gn:%	Status: Bumipu	tra/Non-Bumiputra/Foreign			
Financial Information								
Capital Structure	Paid Up Capital:	Authorized Capital		Working Capital				
	RM		RM		RM			
Bank Name and Address								
Account Number:								



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OFFICE USE ONLY								
Part 3: Evaluation on Product and Services								
	Information Submitted:		Sample		Product Specification or Catalogue			
Company Background	(Please attach the information)		Customer Recommended Documents e.g. Letter, customer list etc.					
			Quotation					
	Comment by other relevant personnel (if any):							
Delivery	Special requirement on the delivery lead time:							
	Outstation or oversea Supplier please confirm the delivery lead time:							
Price (Commented by evaluator)	Did the price compared with other Supplier, if yes please list the result and the other Supplier name:							
	If no comparison of price, please comment on the price:							
	I no comparison of price, prease comment on the price.							
Terms of								
Payment								
Reviewed by					Date :			
Part 4: Approval								
Comment on the Review:								
Recommendation as approved supplier? YES / NO								
Approved by:				Date:				