



Document No.	FM-PRO-107-002
Revision No.	002
Effective Date	31 st December 2008
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TITLE: VENDOR REGISTRATION FORM

PRIVATE & CONFIDENTIAL

**APPLICATION FOR
VENDOR REGISTRATION
WITH
PELABUHAN TANJUNG PELEPAS SDN BHD
(328719-K)**

1st floor Procurement & Store Building
Free Trade Zone Area
Jalan Pelabuhan Tanjung Pelepas
TST 507, 81560 Gelang Patah Johor
Tel: 07-5042222 Fax: 07-5042188
Homepage: www.ptp.com.my

INSTRUCTIONS:

1. Please read the instructions carefully before filling up this form.
2. Form should be clearly type/handwritten and send to Pelabuhan Tanjung Pelepas Sdn Bhd (PTPSB) by hand or post together with the supporting documents and product catalogues/brochures for the attention of Procurement & Tender Secretariat.
3. Incomplete Application Form will be rejected.
4. Registration does not guarantee vendors are automatically included in the tendering/quotation exercise.
5. Please tick the category(s) for registration:

<input type="checkbox"/>	MECHANICAL
<input type="checkbox"/>	ELECTRICAL
<input type="checkbox"/>	CIVIL
<input type="checkbox"/>	INFORMATION TECHNOLOGY
<input type="checkbox"/>	OFFICE EQUIPMENT/STATIONERY/GROCERY
<input type="checkbox"/>	SUB-CONTRACTING & SERVICES
<input type="checkbox"/>	CONSULTANCY
<input type="checkbox"/>	OTHERS (to specify) _____

NOTE: YOUR VENDOR REGISTRATION FORM WILL ONLY BE ATTENDED IF COMPLETE WITH SUPPORTING DOCUMENTS.



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REGISTRATION NO: PTP/SR_____/_____/_____

VENDOR INFORMATION (I)

A. COMPANY PARTICULARS

1. NAME OF COMPANY : _____

2. REGISTERED BUSINESS ADDRESS : _____

3. CORRESPONDENCE ADDRESS : _____

TELEPHONE NUMBER : () _____

FACSIMILE NUMBER : () _____

E-MAIL ADDRESS : () _____

WEBSITE : () _____

4. WAREHOUSE ADDRESS : _____

TELEPHONE NUMBER : () _____

FACSIMILE NUMBER : () _____



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5. NATURE OF ORGANIZATION :

(Please tick where appropriate)

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | PUBLIC COMPANY |
| <input type="checkbox"/> | PRIVATE COMPANY |
| <input type="checkbox"/> | PARTNERSHIP |
| <input type="checkbox"/> | SOLE PROPRIETER |
| <input type="checkbox"/> | OTHERS (to specify) |

**Company are required to submit a certified true copy of the Memorandum and Articles of Association together with the Certificate of Incorporation. Partnership and Sole Proprietor are to submit a certified true copy of the Business Registration Form.*

6. DATE OF INCORPORATION : _____

7. PLACE OF INCORPORATION : _____

8. BUSINESS / COMPANY REG. NO : _____

B. ORGANIZATION AND EMPLOYMENT STRUCTURE

1. PRINCIPAL OWNERS / SHAREHOLDERS
(A certified true copy of **Form 24** must be enclosed)
2. BOARD OF DIRECTORS
(A certified true copy of **Form 49** must be enclosed)
3. CURRENT EMPLOYMENT STRUCTURE
(A copy of **Organization Chart** must be enclosed)
4. KEY PERSONNEL
(A **list of key personnel** must be enclosed)



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C. FINANCIAL INFORMATION

1. CAPITAL STRUCTURE

(Please state the currency)

- 1.1 AUTHORISED CAPITAL : _____
- 1.2 PAID UP CAPITAL : _____
- 1.3 ANNUAL TURNOVER : _____
- 1.4 WORKING CAPITAL : _____

	YEAR	AMOUNT
1.5 NET PROFIT / (LOSS) LAST	_____	_____
3 YEARS	_____	_____
	_____	_____

- *Please attach the certified true copy of audited accounts for the last 3 years*

2. ACCOUNT DETAILS

- 2.1 BANKER'S NAME / ADDRESS : _____

- 2.2 ACCOUNT NUMBER : _____
- 2.3 TYPE OF CREDIT FACILITY : _____

3. EQUITY CONTENT

- 3.1 MALAYSIAN : _____ %
- 3.2 FOREIGN : _____ %
- 3.3 STATUS (PLEASE CIRCLE) : BUMIPUTERA/NON-BUMIPUTERA/SINGAPORE/
FOREIGN



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VENDOR INFORMATION (II)

A. REGISTRATION WITH STATUTORY AUTHORITIES / BODIES

(Please attached certified true copy of the registration)

STATUTORY AUTHORITIES / BODIES	REGISTRATION NO.	EXPIRY DATE
--------------------------------	------------------	-------------

Kementerian Kewangan Malaysia	_____	_____
-------------------------------	-------	-------

Pusat Khidmat Kontraktor	_____	_____
--------------------------	-------	-------

Others (to specify):		
------------------------	--	--

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

B. CONTACT PERSON

	1	2	3
--	---	---	---

NAME	:	_____	_____	_____
------	---	-------	-------	-------

DESIGNATION	:	_____	_____	_____
-------------	---	-------	-------	-------

DIRECT LINE	:	_____	_____	_____
-------------	---	-------	-------	-------

MOBILE PHONE	:	_____	_____	_____
--------------	---	-------	-------	-------

E-MAIL ADDRESS	:	_____	_____	_____
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C. PRODUCTS

(Please describe briefly about your products/services that your company render to PTP)



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PRINCIPAL INFORMATION

(Please fill one form for each principal)

COMPANY NAME : _____

CORRESPONDENCE ADDRESS : _____

COMPANY REGISTRATION NO : _____

TELEPHONE NUMBER : () _____

FACSIMILE NUMBER : () _____

E-MAIL ADDRESS : _____

HOMEPAGE : _____

CONTACT PERSON / S :

1

2

3

NAME : _____

DESIGNATION : _____

DIRECT LINE : _____

MOBILE PHONE : _____

E-MAIL ADDRESS : _____



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DECLARATION

We, the undersigned hereby declare to the best of our knowledge and belief that the particulars furnished under this application are true and accurate. We also authorize PELABUHAN TANJUNG PELEPAS SDN BHD and its representatives to undertake further investigation if so desired. We also agree that any incorrect information stipulated in this form may render our registration invalid.

SIGNATURE

NAME

I / C NUMBER

DESIGNATION

DATE

COMPANY STAMP



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CHECK LIST OF ENCLOSURES REQUIRED:

- VENDOR REGISTRATION FORM
- FORM D/FORM 9
- MEMORANDUM ARTICLES OF ASSOCIATION
- FORM 24
- FORM 49
- COMPANY ORGANIZATION CHART
- RELEVANT LICENCE / REGISTRATION CONFIRMATION LETTER
- BROCHURES/CATALOGUES/PROFILE
- FINANCIAL/PROFIT & LOSS STATEMENT (LAST 3 YEARS)
- LIST OF CLIENTELE/JOB EXPERIENCE
- OTHERS (*To specify*)

(Please ensure that all statutory documents provided are "certified true copy")



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FOR OFFICE USE ONLY

RECEIVED BY : _____

RECEIVED DATE : _____

COMPANY CATEGORY : _____

- MECHANICAL
- ELECTRICAL
- CIVIL
- INFORMATION TECHNOLOGY
- OFFICE EQUIPMENTS/STATIONERY/GROCERY
- SUB-CONTRACTING AND SERVICES
- CONSULTANCY
- OTHERS (To specify)

COMMENT : _____

REVIEWED BY:	RECOMMENDED BY:	APPROVED BY:
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STATUS :

ACTIVE

NON-ACTIVE

RATING

REGISTRATION NUMBER : PTP/ SR _____ / _____ / _____

REMARKS : _____
