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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 :	_____	_____	_____

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 : _____

SUPPORTING DOCUMENT
TITLE: VENDOR HSE ASSESSMENT

This assessment checklist is used only for vendor who provides services.

VENDOR NAME : _____

CATEGORY : ***Please circle***

MECHANICAL	MAINT WORK - MECHANICAL/ AIR-COND/ PM/ RTG/ QC
ELECTRICAL	MAINT WORK – ELECTRICAL/ ENERGY SAVING/ ELECTRICAL SUPERVISION FOR SUB-STATION
CIVIL	BUILDING/ EXTERNAL INFRASTRUCTURE/ TERMINAL YARD/ WHARF ROAD/ CONSTRUCTION GREEN HOUSE/ PONTOON/ WATER TANK
INFORMATION TECHNOLOGY (IT)	CCTV (INSTALLATION/ COMMISSIONING/ MAINT)
SUB-CONTRACTING & SERVICES	MAINT WORK – LIFT/ SANITARY/ SEWERAGE/ WEIGHBRIDGE/ SOLID WASTE DISPOSAL; SERVICE – SIGNAGE WORK/ REPAINTING WORK/ TYRE MNMG/ PEST CONTROL/ CAR WASH/ PURCHASE SCRAP METAL/ RENTAL BUS/ RENTAL CANOPY/ SUPPLY VAN/ RENTAL OF MOBILE CRANE & SKYLIFT/ CHARTER TUG@PILOT BOAT/ SUPPLY PM LABOUR/ SUPPLY LABOUR (LASHING)/ SUPPLY RTG DRIVER; CLEANING – OFFICE AREA/ WAREHOUSE/ TERMINAL
OTHER (TO SPECIFY)	

Kindly tick (√) for YES/AVAILABLE, cross (X) for NO/NOT AVAILABLE at 'Yes/No' column or tick (√) for NOT APPLICABLE at 'NA' column

No.	Pre-qualification criteria	Yes/No	NA	Rating (for office use)
1	Occupational Health, Safety and Environment management system			
a.	HSE and health policy available?			
b.	Safe operation Work Instruction (WI) available?			
c.	Is the above WI available for all jobs?			
d.	Are the critical WI (such as entry of confined space, excavation, power line connection, scaffolding, and any other works related to building operation and work of engineering) available?			
2	Machinery			
a.	List of machinery available?			
b.	Has the above being reported to DOSH?			
c.	List of certified machinery available?			
d.	Do all the certified machineries have permit/licence?			
e.	Are all the permits still active?			
3	Competency			
a.	Do the charge men possess certificate?			
b.	Registered with <i>Suruhanjaya Tenaga</i> ?			
c.	Registered with CIDB? (for Construction activity)			
4	Manpower			
a.	All are permanent staff?			
b.	Does supplier engage temporary staff?			
c.	All staff are above 16 years old?			
d.	Foreigner staff have permits?			

No.	Pre-qualification criteria	Yes/ No	NA	Rating (for office use)
5	Training			
a.	Training program available?			
b.	Training evaluation done?			
c.	Training records available?			
d.	Staff are trained with PPE usage?			
e.	Staff are trained to handle critical works?			
f.	Staff are able to identify safety/environmental hazards and conduct risk assessment?			
6	PPE			
a.	PPE provided by the supplier?			
b.	Approved PPE type used?			
c.	Items provided to staff (where relevant)?			
i.	Safety helmet			
ii.	Safety shoes			
iii.	Goggle			
iv.	Face shield			
v.	Respirator			
vi.	Fume mask			
vii.	Vapor mask			
viii.	Dust mask			
ix.	Safety harness			
x.	Safety vest			
7	Welfare			
a.	Staff are registered with SOCSO?			
b.	Staff are subjected to medical check up prior to employment?			
c.	Staff are subjected to medical check up every two years?			
d.	Staff are subjected to medical surveillance (applicable to staff handling hazardous chemical)?			
8	Environmental Management			
a	Environmental Impact assessment and monitoring program available?			
b	Waste management program available?			
c	Copy of licenses from DOE available (if required by the law)?			
d	Emergency Plan available?			
e	Copy of CSDS or MSDS available (for the usage of any chemical or dangerous goods)?			
	Total obtained points			
	Total applicable points			

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SUPPORTING DOCUMENT
TITLE: VENDOR HSE ASSESSMENT

Kindly attach the following documents (whichever applicable) during submission:

- 1) HSE/Safety Policy
- 2) Charge man certificate
- 3) CIDB Registration Certificate
- 4) Certificate from *Suruhanjaya* (as required by Regulation 75 of the Electricity Supply Act 1990)
- 5) License from DOE

Declaration

I, 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.

Vendor Stamp & Signature

Name : _____

Designation : _____

I/C Number : _____

Date : _____

For Office Use Only

<u>Assessment result</u>	
Assessment result : _____	Accept <input type="checkbox"/>
Category: A B C (circle it)	Reject <input type="checkbox"/>

Rated By,

 NAME :
 DEPT : HSE
 DATE :

Selection criteria: 1. Only A & B can be registered into Approved Vendor List.
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Percentage	Category	Description	Details
>80	A	Good	Most of the criteria are met. Vendor is eligible to be registered in Approved Vendor List.
60-79	B	Average	Basic criteria met. Vendor is eligible to be registered in Approved Vendor List.
59 and below	C	Not acceptable	Basic criteria not met. Vendor needs to improve and shall re-apply after a year from the date of previous application being rejected.
Points	Description		
NA	Not applicable. Cumulative points not considered.		
0	No or Not Available		
1	Yes or Available		