



# NEW VENDOR REGISTRATION (A)

Form No.	MS-PRC-F-17
Rev.	01
Date	20 July 2020
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## 1. COMPANY INFORMATION

Full Company Name						
Company Licensing / Registration No.						
Company Status	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Subsidiary <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship					
Registered Address						
Correspondence Address						
Telephone No.			Fax No.			
Contact Person & No.			Designation			
Email Address			Website			
Company Equity	i. Bumiputra	%	ii. Non-Bumiputra	%	iii. Foreign	%

Note: Please provide a copy of Licensing and Form 13

## 2. NATURE OF BUSINESS

Product  Services

For:

Plant & Terminal

Others: please specify:

Skid Packages

Oil & Gas Pipeline System

Oil & Gas Product Trading & After Sales Service

Note: Please provide your Company Profile

## 3. FINANCIAL INFORMATION (for last year: \_\_\_\_\_)

Authorized Capital (RM)	Paid-Up Capital (RM)	Working Capital (RM)	Annual Turnover (RM)

## 4. OWNER/PARTNER/SHAREHOLDERS

Name	Present Position	Nationality	Share (%)
i.			
ii.			
iii.			
iv.			
v.			

Note: Please provide a copy of Form 24 and Form 49

## 5. PROJECT / PRODUCTS / SERVICES TRACK RECORDS

Please attach a list containing Client's name, address, project/contract title, project value and completion date

## 6. CURRENT PROJECT / SERVICES

Please attach a list containing Client's name, address, project/contract title, project value and target completion date



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### 7. PRODUCT COMPLIANCE (for product vendor)

Product	Code / Standard
i.	i.
ii.	ii.
iii.	iii.
iv.	iv.

Note: Please provide the relevant document to support the above

### 8. MANUFACTURER/FABRICATOR INFORMATION (if applicable)

Plant/Fabrication Address			
Contact Person & No.		Designation	

Note: Please attach a list containing type of product fabricated at plant, plant capacity, production capability, plant equipment and total of manpower

### 9. QUALITY & SAFETY MANAGEMENT SYSTEM

Certified to	<input type="checkbox"/> ISO 9001:	<input type="checkbox"/> ISO 14001:	<input type="checkbox"/> OHSAS 18001/ ISO 45001
If vendor is not certified to the above, which quality & safety management system is followed by your Company?			
Has your Company's quality & safety management system been assessed or audited by external party? If yes, please specify the external party and last assess/audit date.			

Note: Please provide a copy of certificate

### 10. ATTACHMENT (which applicable)

<input type="checkbox"/> Company Profile	<input type="checkbox"/> Current Projects/Services List
<input type="checkbox"/> Copy of Licensing	<input type="checkbox"/> Product compliance certificate
<input type="checkbox"/> Copy of Form 13	<input type="checkbox"/> Manufacturer/Fabricator Information
<input type="checkbox"/> Copy of Form 24	<input type="checkbox"/> Quality & Safety Management System Certificate
<input type="checkbox"/> Copy of Form 49	<input type="checkbox"/> Others, please specify:
<input type="checkbox"/> Project/Products/Services Track Record List	

### VENDOR'S DECLARATION

We, hereby declare that all information given in this application is known to be true. We understand that WZS Misi Setia Sdn Bhd has every right to approve or reject our application without giving any reason.

Name		Company Stamp
Designation		
Date		
Signature		

**"CORPORATE INTEGRITY MANAGEMENT"**: To uphold highest standard of business ethics in dealing with WZS Misi Setia staff or representative, we have a strict **"CORPORATE INTEGRITY MANAGEMENT"** Should you require to report any improper conduct committed within WZS Misi Setia, you may report to [whistle@wzs.my](mailto:whistle@wzs.my) in strict confidential manner.

Please submit this form along with all required attachment as stated above to **Head of Unit, Procurement, WZS Misi Setia** or email at \_\_\_\_\_



# NEW VENDOR REGISTRATION (B)

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Kindly attach this portion to the New Vendor Registration (A) submitted by vendor.

<b>FOR INTERNAL USE ONLY</b> <b>(Procurement Unit ,PRJC Div /Sales Admin &amp; Logistic Unit, PS Division)</b>			
Received by		Date	Signature
Remarks:			
Comment:	Comment:	Require audit: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EVALUATED BY</b> <b>HOU, PRC / HOU, SAL</b>		<b>RECOMMENDED BY</b> <b>GENERAL MANAGER (PRJC / PS)</b>	
Name: Date: Signature:	Name: Date: Signature:		
FOR EXECUTIVE OFFICE APPROVAL			
<b>RESULT</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Remarks:			
Name		Signature	
Date			

**Note :**  
Upon EO approval, this form shall be submitted to HOU, PRC for registration in the Approved Vendor List (AVL)