	<h2>NEW VENDOR REGISTRATION (A)</h2>	Form No. MSOG-PC-F-11
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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

<input type="checkbox"/> Product <input type="checkbox"/> Services For: <input type="checkbox"/> Plant & Terminal <input type="checkbox"/> Others: please specify: <input type="checkbox"/> Skid Packages <input type="checkbox"/> Oil & Gas Pipelines <input type="checkbox"/> 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:
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		<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div> <p>Company Stamp</p>
Designation		
Date		
Signature		

"NO GIFT POLICY" : To uphold highest standard of business ethics in dealing with **WZS Misi Setia** staff or representative, we have a strict "No Gift Policy". Should you require to report any improper conduct committed within **WZS Misi Setia**, you may report to mswhistle2@gmail.com in strict confidential manner.

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

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

FOR INTERNAL USE ONLY (Procurement Department / Sales Admin Unit, PS Division)			
Received by		Date	Signature
Remarks:			
Comment:		Comment:	
		Require audit : <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVALUATED BY (PROCUREMENT OFFICER / SALES COORDINATOR, PS)		RECOMMENDED BY (HOD, PC / HD, PS)	
Name:		Name:	
Date:		Date:	
Signature:		Signature:	
FOR EXECUTIVE OFFICE APPROVAL			
RESULT	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Remarks:			
Name		Signature	
Date			

Note :

Upon EO approval, this form shall be submitted to HOD, PC for registration in the Approved Vendor List (AVL)