

Company Name:

Company Registration No. (ROC No.):

REMINDER:

1. The Form must be duly **completed, typed and signed**, with the **Company stamp** being affixed accordingly.
2. Incomplete Form, including one that does not follow the specific registration format will be **rejected**.
3. Please attach all relevant documents as specified in the General Guidelines (Appendix II). Such documents must be arranged in accordance with the order of documents specified in the General Guidelines and separated by a labelled separator (with tab).
4. By submitting an application to be listed in iPerintis Vendor Database, the company hereby agree to comply with the following:
 - It has and will conduct its business activities with iPerintis in full compliance with all applicable laws and regulations, including those relating to taxes, anti-bribery, child labour, hazardous materials, intellectual property and confidentiality;
 - It has and shall display good business ethics including but not limited to maintain a high standard of integrity, honest and accurate record and report all business information, including the accountancy procedures and controls and comply with all applicable laws regarding their completion and accuracy, prevention of unlawful payment, which includes directly or indirectly, make or offer bribes, kickbacks or other payments to third party for the purpose of wrongfully obtaining or retaining business related to iPerintis;
 - It has practiced internationally recognized fundamental worker rights which, among others, include prohibitions on forced labour and child labour. In conformance with all applicable laws and regulations, it supports equal opportunity; and
 - It has adopted the policies and procedures applicable to safety laws and regulations and committed in minimizing effects to the natural environments including implementing appropriate measures for assessment of potential environmental effects for the prevention of the said potential effects and appropriate response if any related incidents might occur.
5. Please address the duly completed Form to:

**HEAD
LEGAL AND CORPORATE COMPLIANCES DIVISION
iPERINTIS SDN BHD
LEVEL 17, MENARA PERAK
NO. 24, JALAN PERAK
50450 KUALA LUMPUR**

6. Please mark (X) in the applicable box.

NEW REGISTRATION		ADDITIONAL LISTING	
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Company Name:

SECTION A

1.0 Company Details

1.1 Address and Contact Details

a) Head Office Address	:				
b) Correspondences Address	:				
c) Contact Person	:				
d) Telephone No.	:		e) Fax No.	:	
f) E-mail / website address (if available)	:				

1.2 Other Company Details

a) Company Type	:	Sendirian Berhad		Berhad		Co-operative		Others (Please state)	
b) Registered Address	:								
c) Incorporation	:	Date		Place					
d) Income Tax Reference No.	:								

Company Name:

1.3 List of all Company branches. Please use additional sheet if required.

No.	Address (including e-mail/website)	Contact Person	Telephone No.	Fax No.

Company Name:

2.0 Registration with other Ministry/Department/Government Agency (e.g.: Construction Industry Development Board Ministry of Finance etc.

a) Please list down the names of the Ministry/Department/Government Agency that your Company is registered with.

No.	Address (including e-mail/website)	Contact Person	Telephone No.	Fax No.

b) Please attach a certified copy of the certificate(s) as listed in 2.0 a).

c) Please ensure that the certificate(s) is still valid and certified as true copy by a Director of your Company.

REMINDER

Failure to attach a certified copy of the certificate(s) may result in the rejection of your application.

For Office Use

Certificate(s) which is not enclosed:

Registration Lists
Copy of The Certificate Attached

.....

Registration with other Ministry/Department/Government Agency			
Results	Approved	KIV	Does Not Fulfil Requirement

3.0 Information on the Company's Capital Structure (As registered with the Companies Commission of Malaysia)

		<u>Paid-up Capital</u>
Authorised Capital	<input style="width: 90%;" type="text"/>	(i) Ordinary Shares <input style="width: 90%;" type="text"/>
Paid-up Capital	<input style="width: 90%;" type="text"/> *	(ii) Preference Shares <input style="width: 90%;" type="text"/>

***The amount of the minimum paid up capital for Registration is RM10,000.00**

Your application will be rejected if your Company does not fulfil this minimum requirement.

3.1 Equity Participation / Paid-up Capital

a) Equity Composition

Shareholder	Total Unit	Price Per Share	Total Share Value	Percentage
a) Bumiputera (BM)				
b) Non Bumiputera (NB)				
c) Foreign (FG)				
Total				

<p>For Office Use</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%;">BM</td> <td style="width: 10%;">NB</td> <td style="width: 10%;">FG</td> <td style="width: 55%;"></td> </tr> <tr> <td>Total Capital Structure Information</td> <td></td> <td></td> <td></td> <td>Latest Form OAR:</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Latest Form 24:</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Latest Form 32A:</td> </tr> </table>		BM	NB	FG		Total Capital Structure Information				Latest Form OAR:					Latest Form 24:					Latest Form 32A:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Total Capital Structure Information</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Approved</th> <th style="width: 15%;">KIV</th> <th style="width: 55%;">Does Not Fulfil Requirement</th> </tr> <tr> <td style="text-align: center;">Results</td> <td></td> <td></td> <td></td> </tr> </table>	Total Capital Structure Information					Approved	KIV	Does Not Fulfil Requirement	Results			
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b) Shareholders' Details

i) Please list the shareholders based on the latest Annual Return Form and Form 24 which have been certified by your company secretary or Registrar of Companies.

No.	NRIC No./Passport			Name	BM/ NB/ FG	Shares				Designation
	Old NRIC	New NRIC	Passport			Total Units	Price Per Unit	Total Share Price (RM)	%	

ii) Please enclose the latest Annual Return Form / Form 24 and Form 32A (if any) which have been certified by your company secretary or Registrar of Companies. Please attach the latest Annual Return Form for each company if your Company's equity structure are held by other company(ies)

REMINDER

Failure to attach a certified copy of the certificate(s) may result in the rejection of your application.

<p>For Office Use</p> <p>Information On Shareholders</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 15%;">BM</td> <td style="width: 15%;">NB</td> <td style="width: 15%;">FG</td> </tr> <tr> <td>Current %</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Previous %</td> <td></td> <td></td> <td></td> </tr> </table>		BM	NB	FG	Current %				Previous %				<p><u>Enclosed lists</u></p> <p><input type="checkbox"/> Form OAR</p> <p><input type="checkbox"/> Form 24</p> <p><input type="checkbox"/> Form 32A</p>	<p><u>Legend</u></p> <p>/ Enclosed</p> <p>X Not Enclosed</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Information On Shareholders</th> </tr> <tr> <th style="width: 33%;">Results</th> <th style="width: 33%;">Approved</th> <th style="width: 33%;">KIV</th> </tr> <tr> <td style="height: 50px;"></td> <td></td> <td></td> </tr> </table>	Information On Shareholders			Results	Approved	KIV			
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3.2 Company's Board Of Directors

Information based on the latest Annual Return Form and Form 49 which have been certified by your company secretary or Registrar of Companies.

No.	NRIC No./Passport			Name	BM/NB/FG	Designation
	Old NRIC No.	New NRIC No.	Passport			

BM= Bumiputera NB= Non Bumiputera FG= Foreign

<p>For Office Use</p> <p>Composition Of The Board Of Directors</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 15%;">BM</td> <td style="width: 15%;">NB</td> <td style="width: 10%;">FG</td> </tr> <tr> <td>Current %</td> <td></td> <td></td> <td></td> </tr> <tr> <td>No.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Previous %</td> <td></td> <td></td> <td></td> </tr> </table>		BM	NB	FG	Current %				No.				Previous %				<p><u>Enclosed lists</u></p> <p><input type="checkbox"/> Form OAR / Enclosed</p> <p><input type="checkbox"/> Form 49 X Not Enclosed</p>	<p><u>Legend</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Composition Of Board Of Directors</th> </tr> <tr> <th rowspan="2" style="width: 15%;">Results</th> <th style="width: 15%;">Approved</th> <th style="width: 15%;">KIV</th> <th style="width: 15%;">Does Not Fulfil Requirement</th> </tr> <tr> <td style="height: 50px;"></td> <td></td> <td></td> </tr> </table>	Composition Of Board Of Directors				Results	Approved	KIV	Does Not Fulfil Requirement			
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Company Name:

3.3 Please provide the details of all shareholders and board of directors having interest or relationship with other companies which are registered with iPerintis/PETRONAS.

No.	NRIC No./Passport			Name	BM/ NB/ FG	Company Name	Registration No.
	New NRIC No.	Old NRIC No.	Passport				

No.	For Office Use: NRIC No./Passport			Name	BM/ NB/ FG	Company Name	Registration No
	New NRIC No.	Old NRIC No.	Passport				

Company Name:

3.5 b) Please provide the names of the permanent Management Team members who are responsible in managing the Company.

No.	Name	Designation	BM/NB/FG

For Office Use	Company's Management Team			
	Results	Approved	KIV	Does Not Fulfil Requirements
Commentary.....				

3.5 Company's total number of employees

a) Please provide the total number of employees based on the categories below. The number of employees shall include the Management Team members stated in Item 3.4 a) and b).

Designation	Management			Executive			Workers				Total	
	No.		%	No.		%	No.			%	No.	%
	Technical	Administration		Technical	Administration		Technical	Clerks	General Workers			
Bumiputera												
Non-Bumiputera												
Foreign												

The number of employees must be the same with the number of employees stated in the EPF Statement. Please provide the following documents:

Copy of EPF contribution statement (Form A) and receipts issued by EPF for the last 3 months

Copy of salary voucher/management allowances for members of the board of directors / employees who do not contribute to the EPF OR

Copy of letter of appointment for each employee who does not contribute to EPF (for new employees only)

REMINDER

Failure to enclose the relevant documents may result in your application being rejected.

For Office Use:

EPF

Organisational Chart
Salary Voucher

Letter Of Appointment

Legend: / Enclosed

X Not Enclosed

4.0 Financial Position

4.1 Yearly Audited Financial Report

a) The duly audited yearly financial report for the Year ending:.....(Not more 18 months from the closing of the Company's account)

i) Collected Profit/ (Losses) RM

ii) Share Premium RM

iii) Reserve (Distributable) RM

iv) Paid Up Capital RM

b) Shareholders' Fund RM *[i + ii +iii + iv]

***This application will be rejected if the shareholder's fund is negative.**

c) Signatory of the Statutory declaration as stated in the Yearly Financial Report (Please mark (X) for status)

Name:..... BM NB FG

<p>For Office Use</p> <p>1) Financial Report for year ending 2) Total Profit/ (Losses) 3) Shareholders' Fund</p> <p>4) Signatory of Statutory Declaration Name:.....</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding: 5px;">BM</td> <td style="padding: 5px;">NB</td> <td style="padding: 5px;">FG</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>			BM	NB	FG				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center; padding: 5px;">Composition Of Employees</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Approved</th> <th style="width: 25%;">KIV</th> <th style="width: 35%;">Does Not Fulfil Requirement</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: middle;">Results</td> <td style="height: 100px;"></td> <td></td> <td></td> </tr> </tbody> </table>			Composition Of Employees					Approved	KIV	Does Not Fulfil Requirement	Results			
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positive (+)
 negative (-)

Company Name:

4.2 Financial Control

a) Please declare all bank accounts opened and used for company matters.

No.	Name of Bank	Address	Account No.	Financial Facility	
				Source Type	Amount

***Please enclose the bank statements for the last 3 months**

Company Name:

5.0 Areas of registration.

5.1 To be completed for **RENEWAL** only.

- a) Please enclose copies of the approved areas of Registration.
- b) Please list the areas that need to be cancelled (if any)

Code	Products/Services (to be cancelled)	Name of Suppliers/Principal

For Office Use:

Copy of enclosures attached

Yes

No

5.2 To be completed for **NEW APPLICATION** only.

- a) Please list the areas that you wish to apply for (not more than 10 areas only) based on iPerintis Standardised Work & Equipment Categories (SWECs). The list can be download from <http://vendor.iperintis.com>

Example - PO1 - Office/Residential/Operational Equipment & Supplies < Primary Category
 PO1 - 05 Computer Hardware < Secondary Category
 PO1 - 5.1 – Mainframe < Tertiary Category

No.	Code	**Type of Operation	Name of the Supplier/Principal	Effective Date of the Exclusive Appointment as Agent	
				Commencement	Expiry

Note: PLEASE ATTACH ENCLOSURES IF THE SPACE PROVIDED IS NOT SUFFICIENT.

* The code(s) applied must be based on the Standardised Work & Equipment Categories (SWECs) attached herewith.

** A=Agent M=Manufacturer D=Distributor S=Self Operated

D=Dealer AS=Assembler SI= System Integrator

- b) Please enclose the following documents:
 i) Copy of the exclusive agency appointment letter from the principal for Registration.
- c) Please ensure that your Company fulfils the minimum requirement of the respective area as stated in the SWECs. Failure to fulfil such requirement may result in your application being **rejected**.

6.0 Factory/Workshop/Store Facilities

6.1 List the factory/workshop facilities as follows:

(a) Address of factory/workshop/store facilities:

(b) Area Size (sq ft): _____

(c) Type of Ownership [please mark (X)]

Own property

Rented (please state the name and address of the owner)

(d) Factory Licence from MIDA/Local Council (please enclose the licence)

Licence No .

Licence Period

6.2 Please list (whether its personally own/rented)

a) Equipment: (e.g.: machine, instruments etc)

b) Expertise (e.g.: engineer, technicians, expert, experience etc)

Note: PLEASE ATTACH ENCLOSURES IF THE SPACE PROVIDED IS NOT SUFFICIENT.

7.0 Company Performance

7.1 To be completed for **RENEWAL** only

a) Please provide the lists of iPERINTIS tenders/contracts which the Company has participated for the past 2 years.

No.	Contract Details	Name of Company & Contact Details	Date Of Offer	Date of Completion	Contract Value	Involvement Status of Main or Sub Contractor

For Office Use

Performance Valuation (Commentary based on the company feedback on the tenders/contracts participated)

7.2 To be completed for **NEW APPLICATION** only

a) Please list the working experience gathered whilst working for other companies within the last 3 years.

No.	Details of Experience	Name of Company & Contact Details	Date Of Offer	Date of Completion	Contract Value	Involvement Status of Main or Sub Contractor

7.3 Award /Merit (For **New Application & Renewal**)

a) Please list the award/merit that the company has received.

No	Type of Award

b) Please enclose a copy of the certificate for the abovementioned award(s).

Company Name:

8.0 DECLARATION

8.1 I/We confirm that all information provided in this Form and attached herewith are true and accurate. I/ We hereby authorised iPerintis to refer or verify any information contained in this Form or the documents attached herewith with any related third party or us.

8.2 I/We authorised iPerintis to visit my/our premises/company and examine relevant documents and interview or refer to any related party.

8.3 I/We hereby confirm that the Company does not have the same owner or director in another company, which is registered with iPerintis.

8.4 I/We also acknowledge that failure to adhere to any of the abovementioned may amount to iPerintis rejecting my/or Company's application or revoking the Registration pursuant to:

- Special conditions attached to the registration documents.
- General and special conditions (if any) stated at the back of the registration documents issued by iPerintis.
- Additional conditions which may be imposed from time to time.

Signature:

Name of Applicant:

NRIC No.:

Designation:

Date:.....

Company Stamp: