

Sunway Group Procurement Supplier Registration Form

All columns should be properly filled in the space provided for. Wherever it is not applicable, please write "N/A". Incomplete or incorrect forms may not be considered. **Please attach separate sheet, if space available is insufficient.**

Note: As required by Malaysian law, Sunway is committed in protecting your personal data. Please visit our website www.sunway.com.my to view our privacy statement and notice pursuant to the Personal Data Protection Act 2010.

Section 1 : Company Detail & General Information

1.1	Company Name :	
1.2	ROC/ROB No:	
1.3	Year of Established :	
1.4	GST ID (if any):	
1.5	GST Code (if any):	
1.6	Address and Contact :	
	Head office address	
	Postal Code	
	City	
	State	
	Country	
	Office Tel No	
	Office Fax No	
	Web Site	
	Branch office – Located in City	
	Factory address (if any)	

1.7	Business Contact Information :					
	Name (Prefix Mr. Mrs, Ms)					
	Designation					
	Email address					
	Tel. No - Office					
	Tel. No - Mobile					
1.8	Account Administration Information :					
	Name (Prefix Mr, Mrs, Ms)					
	a brief description for your comp	pany to provide a	n overview	for your customers	S	
	Type of Business : (check on	e only)	n overview		S	↑ Private
Com	Type of Business : (check on			Subsidiary	S	Private Limited
1.7	Type of Business : (check on Sole Proprietor	e only) Partnership (please specify) aler" or "Distribute	or", please	Subsidiary e provide proof or c		Limited
Com	Type of Business : (check on Sole Proprietor Related Party Others Nature of Business : (If you check "Agent", "Dea	e only) Partnership (please specify) aler" or "Distribute	or", please	Subsidiary e provide proof or c		Limited
1.7	Type of Business : (check on Sole Proprietor Related Party Others Nature of Business : (If you check "Agent", "Dea manufacturer(s) that you a	e only) Partnership (please specify) aler" or "Distributere authorized to	or", please	Subsidiary e provide proof or concoducts.		Limited from your

1.9	List of authorized products / brands :
	Product / Brand Name
1.10	No. of full time employees
1.11	Licencing / Registration Authority : (Please check and copy of certificate is required) PKK JKR PAM Jabatan Bomba TNB SIRIM Kementerian CIDB Kewangan
* Mar	ISO 9000 Others (please specify): ndatory documents submission – certified copy of Form 9 or 13 and Form 49.
	ISO 9000 Others (please specify):
Sect	ISO 9000 Others (please specify): Indatory documents submission – certified copy of Form 9 or 13 and Form 49. Identification 2: Mandatory documents submissions
Sect 2.1	ISO 9000 Others (please specify): Indatory documents submission – certified copy of Form 9 or 13 and Form 49. Identification 2: Mandatory documents submissions Form 9 or 13
2.1 2.2	ISO 9000 Others (please specify): Indatory documents submission – certified copy of Form 9 or 13 and Form 49. Ion 2: Mandatory documents submissions Form 9 or 13 Form 24 Form 49 Certified copy of Audited Annual Account / Latest Management Account to be certified by the Authorized signatory.
2.1 2.2 2.3	ISO 9000 Others (please specify): Indatory documents submission – certified copy of Form 9 or 13 and Form 49. Indatory documents submissions Form 9 or 13 Form 24 Form 49 Certified copy of Audited Annual Account / Latest Management Account to be certified by the Authorized signatory. The Annual Account/ Management Account must consist of Balance Sheet/Financial Statement, Income
2.1 2.2 2.3 2.4	ISO 9000 Others (please specify): Indatory documents submission – certified copy of Form 9 or 13 and Form 49. Form 9 or 13 Form 24 Form 49 Certified copy of Audited Annual Account / Latest Management Account to be certified by the Authorized signatory. The Annual Account/ Management Account must consist of Balance Sheet/Financial Statement, Income Statement and Cash Flow statement.

No	Name	Designation	Qualification	Years of Service	Responsi	ibilities
3.2	Quality Assurance Ce	rtification (e.g ISO 9000	or equivalent)			
	Yes (please send hard copy of your latest certification to our mailing address) No					
3.3	International offices / F	Representation (Countri	es where the Com	pany has local	offices /rep	resentation)
Sac	tion 4 : Information	on Goods / Service	206			
Sec	tion 4 : Information	on Goods / Service	es			
Sec	tion 4 : Information	on Goods / Service	es			
		on Goods / Servio		d		
				d		
	List below, up to sever			d		
4.1 Item	List below, up to sever			d		
4.1 Item 1	List below, up to sever			d		
4.1 Item 1 2	List below, up to sever			d		
4.1 Item 1 2 3	List below, up to sever			d		
4.1 Item 1 2 3 4	List below, up to sever			d		
4.1 Item 1 2 3 4 5	List below, up to sever			d		
4.1 Item 1 2 3 4 5 6	List below, up to sever			d		
4.1 Item 1 2 3 4 5	List below, up to sever			d		
4.1 Item 1 2 3 4 5 6	List below, up to sever			d		
4.1 Item 1 2 3 4 5 6 7	List below, up to sever	n (7) of your core Good		d		
4.1 Item 1 2 3 4 5 6 7	List below, up to sever	n (7) of your core Good		d		
4.1 Item 1 2 3 4 5 6 7	List below, up to sever	n (7) of your core Good	s / Services offered	d		

5.2	To which countries ha	as your company ex	ported and/or manage	d projects ove	r the last 3	years?
	1					
Sect	tion 6 : Declaratior	n of Interest				
			d transparancy			
sciosu	ure is required in the into	erest of fairness and	transparency.			
6.1	Is your company pres	sently in the service	with any of the Sunwa	y Group of Co	mpanies?	
	Yes			No		
	<u>]</u>			No		
f yes,	Yes please furnish the com	ipany name		No		
f yes,	<u>]</u>	ıpany name		No		
f yes,	J please furnish the com		of Sunway Group of C		ne past, two	elve months?
	J please furnish the com		of Sunway Group of C		ne past, two	elve months?
6.2	please furnish the com Have your company I	been in the service o	of Sunway Group of C	ompanies for th	ne past, two	elve months?
6.2	please furnish the com Have your company b	been in the service o	of Sunway Group of C	ompanies for th	ne past, two	elve months?
6.2	please furnish the com Have your company I	been in the service o	of Sunway Group of C	ompanies for th	ne past, two	elve months?
6.2	please furnish the com Have your company to yes please furnish the com	been in the service of	of Sunway Group of C	ompanies for th		
6.2 f yes,	please furnish the com Have your company by Yes please furnish the com Do you have any rela	been in the service of		ompanies for th		
6.2 f yes,	please furnish the com Have your company I Yes please furnish the com Do you have any rela Companies? Yes	peen in the service of the service o		ompanies for the No		
6.2 f yes,	please furnish the com Have your company I Yes please furnish the com Do you have any rela Companies?	peen in the service of the service o		ompanies for the No		
6.2 f yes,	please furnish the com Have your company I Yes please furnish the com Do you have any rela Companies? Yes	peen in the service of the service o		ompanies for the No		
6.2 f yes,	please furnish the com Have your company by Yes please furnish the com Do you have any related Companies? Yes please furnish name and	been in the service of a service of the service of		ompanies for the No	rice of Sunv	way Group of

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If yes, please furnish particulars
Section 7 : SUPPLIER DECLARATION
I / We, the undersigned, warrant that the information provided in this form is correct, and in the event of changes, detail will be provided as soon as possible.
I/ We understand that your decision regarding selection or rejection of any prospective supplier will be accepted by me / us as final and not subjected to any appeal.
Company Stamp:
Signature of Supplier :
Name in Full:
Designation:
Date :
Section 8 : FOR OFFICE USE ONLY – Sunway Group Procurement
Above Information checked and confirmed.
Signature :
Full Name :
Date :