

**Firm / Company Name** :

**CHECKLIST**

**Documents To Be Attached**

**Note:**

- Applicants shall perform their own checks of information submitted. Please tick boxes for documents attached.
- Please mark ( **X** ) where applicable.
- \* *Certified by Suruhanjaya Syarikat Malaysia / Advocate / Solicitor / Company Secretary.*

**(A) Limited (Sdn Bhd) or Public Listed Company**

- |     |   |   |
|-----|---|---|
| (1) | <input type="checkbox"/> Form 13 *                    | Certificate of Incorporation on change of name of company   |
| (2) | <input type="checkbox"/> Form 24 *                    | Return of Allotment of Shares   |
| (3) | <input type="checkbox"/> Form 32A *                   | Form of Transfer of Shares (where applicable)   |
| (4) | <input type="checkbox"/> Form 49 *                    | Return giving particulars in register of directors, managers, and secretaries and changes of particulars            |
| (5) | <input type="checkbox"/> Form of Annual Return *      | Form of Annual Return of a Company Having a Share Capital   |
| (6) | <input type="checkbox"/> Certified Auditor's Report * | Contractors to attach past three (3) years' audited reports. Suppliers to attach past one (1) year's audited report |

**Firm (i.e. Sole Proprietorship or Partnership)**

- |     |  |   |
|-----|--|---|
| (7) | <input type="checkbox"/> Business Name Registration              | Extract of Registration of Business Name (Pengesahan Pendaftaran Nama Perniagaan) |
| (8) | <input type="checkbox"/> Change Of Proprietorship Or Partnership | Document evidencing change of proprietorship or partnership (where applicable)    |

**(B) Other Supporting Documents**

- |      |   |  |
|------|---|--|
| (9)  | <input type="checkbox"/> Form 8 / Form 9                                      | Certificate of Incorporation of Public Company, Certificate of Incorporation of Private Company, Certificate of Registration (Sijil Pendaftaran) (whichever is applicable)   |
| (10) | <input type="checkbox"/> Form I   | Valid Trade Licence  |
| (11) | <input type="checkbox"/> Company Profile                                      | Company profile  |
| (12) | <input type="checkbox"/> Registration Certificate *                           | e.g. UPK, PKK, CIDB, SESCO, etc. (Where applicable)  |
| (13) | <input type="checkbox"/> Financial Information                                | Past three (3) months' bank statements, copies of fixed deposit accounts' statements, savings accounts' statements, certified copy of secured overdraft facilities, and amount of balance of overdraft facilities not utilised |
| (14) | <input type="checkbox"/> Plant And Machinery                                  | Number of plant and machinery owned or leased (where applicable)   |
| (15) | <input type="checkbox"/> Quality System                                       | Quality System Certificate(s) (Where applicable)   |
| (16) | <input type="checkbox"/> Past Experience / Products supply <b>(MANDATORY)</b> | Past projects performed / list of products supplied, etc.  |

**Name of Firm / Company** :

**Business / SSM Company Registration No** :

**Establishment Details :**

Date

Place

**GST Registration No.:**

Please mark ( **X** ) where applicable:

**Type Of Application**

- New Application**  
 **Renewal Of Registration / Upgrading**

Please tick if there has been a change of address since your last registration.

**Categories Applied**

- Contractor**  
 **Supplier**

**1 COMPANY INFORMATION**

(a) Registration Address

  
  


(b) Correspondence Address

(c) Name Of Person Responsible For Application

(d) Contact No. \*

(e) Fax No. \*

(f) E-mail Address

\* Note: Application without Telephone Number and/or Fax Number shall be rejected.

Future new Address & Contact No. (if any)  
effective date :

2 CATEGORIES APPLIED

2.1 For Contractor Registration (Please mark (X) where applicable)

2.1.1 Grade / Class Applied

Grade	Your Tendering Capacity (RM)
<input type="checkbox"/> G1	Not exceeding 100,000.00
<input type="checkbox"/> G2	Not exceeding 500,000.00
<input type="checkbox"/> G3	Not exceeding 1 million
<input type="checkbox"/> G4	Not exceeding 3 million
<input type="checkbox"/> G5	Not exceeding 5 million
<input type="checkbox"/> G6	Not exceeding 10 million
<input type="checkbox"/> G7	No limit

2.1.2 Category of Work / Supplies and Services Applied

- CE **Civil Engineering Construction**  
(Tower Erection, Civil Works & Others)
- FO **Fiber Optic**
  - i. OSP - CI & ES Works from link to link
  - ii. ISP - Supply of Trunk, DWDM, Access etc
- O **Others**
  - i. Mechanical & Electricity - Design power Supply Application
  - ii. Surveyor - Site identification, planning & Survey Works
  - iii. Logistics - Warehousing, Freight Forwarding, Transportation Custom

For 2.1.2 Category of Work / Supplies and Services Applied :please list down if none of the above match

e.g. B01


2.2 For Supplier Registration (Please mark (X) where applicable)

2.2.1 Grade / Class Applied

Class	Your Paid Up Capital (RM)
<input type="checkbox"/> A	200,001
<input type="checkbox"/> B	50,001
<input type="checkbox"/> C	5,001

2.2.2 Category for Supplies & Services

- 2.2.2.1 **Consultant**  
(C&S, QS, M&E & General Consultancy Services)
- 2.2.2.2 **Supply & Services**
  - i. Equipment - Supply of Trunk, DWDM, Access etc
  - ii. Technology - Supply in software/hardware
  - iii. Office Equipment and General Supply
  - iv. Fabricator - Tower Fabricator / Cabin Fabricator

For 2.2.2 Category for Supplies & Services : please list down if none of the above match

e.g. IX 1(A), 1(B)


3 PROJECTS / SERVICES / DEALERSHIP / AGENCIES

3.1 Current and Past Three (3) Years Projects from Date of Registration

• Where applicable, attach copies of documents evidencing that you are undertaking the project and / or are duly authorized by the principal (Letter of Acceptance / Purchase Orders)

Item	Name of Project / Product	Employer / Manufacturer / Consultant / Reference	Major Scope	Contract Value (RM)	Dealership / Agency / Project Start Date	Dealership / Agency Expiry date OR Project Completion Date	Grade / Class	Category	Specialization

--	--	--	--	--	--	--	--	--	--	--

**4 FINANCIAL RESOURCES**

**4.1 For Private Company / Public Company**

Share Capital:

Authorised Capital:  Paid-Up Capital:

**4.2 For Sole Proprietorship / Partnership Firm**

**Net Capital Worth:**

(a)	Average of Total from latest three (3) months' bank account statement:	<input type="text" value="RM"/>	(Month: <input type="text"/> )	<b>(RM)</b>
		<input type="text" value="RM"/>	(Month: <input type="text"/> )	
		<input type="text" value="RM"/>	(Month: <input type="text"/> )	
	<b>Total :</b>	<input type="text" value="RM"/>		

(b) Overdraft Facilities

	<input type="text" value="RM"/>	(Bank: <input type="text"/> )	<b>(RM)</b>
	<input type="text" value="RM"/>	(Bank: <input type="text"/> )	
	<input type="text" value="RM"/>	(Bank: <input type="text"/> )	

(c) Fixed deposit(s) and Savings account(s) (including those of sole proprietors / partners) which is / are not charged to any bank or financial institution

(d) Savings account

(e) **TOTAL**

\* Reminder: Please attach bank statements / documents issued from banks for the above items.

**5 QUALITY MANAGEMENT SYSTEMS**

<input type="checkbox"/>	<b>Yes</b> (please specify and attach certificate)	<input type="checkbox"/>	<b>No</b>
	<b>Type</b> (e.g. ISO 9001, ISO 14001, OHSAS 18001)	<b>Certification Body</b>	<b>Expiry</b>
(a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**6 COMPANY PROFILE**

Please attach a copy of your company's profile (if available).

**Yes**  **No**

**7 DECLARATION**

- 7.1 The applicant hereby declares and confirms that the information given and copies of documents submitted with this application are up to date and correct. The applicant is aware and understands that any information or documents submitted which is/are false or untrue shall cause the application to be rejected and any approval given shall be revoked.
- 7.2 The applicant are to abide by SACOFA's Code of Ethic Acknowledgement and Declaration Form which attached to this Vendor Registration Form. The applicant must conduct its business in a legal and ethical manner in compliance with all applicable laws, regulations and standards.
- 7.3 SACOFA recognises your rights to data privacy and is committed to complying with the **Personal Data Protection Act 2010**. By submitting this form it is deemed that you have given consent and agree to the terms as stated in SACOFA's Personal Data Notice.

: [Redacted]  
Name : [Redacted]  
I.C. No. : [Redacted]  
Designation : [Redacted]  
For and on behalf of : [Redacted]

Date : [Redacted]  
Firm / Company Stamp : [Redacted]