



Please affix business card

**UMW CORPORATION SDN BHD
SUPPLIER REGISTRATION FORM (SRF)**

THIS FORM MUST COMPLETED IN BLACK / BLUE INK OR TYPE-WRITTEN

COMPANY : _____

CONTACT PERSON (P.I.C.) :-

Name : _____

Designation : _____

Contact No. (Office) : _____ **(H/P)** : _____

E-mail Address : _____

Supporting documents :

Please Tick

For all type of business i.e. Private Limited / Public Limited / Sole Proprietor / Partnership

1	*Company Profile (incl. Organisation Chart, Services Offered, Product Information & Catalogue)	<input type="checkbox"/>
2	Company Chart (incl. Subsidiary / Associated company / Branches complete with address)	<input type="checkbox"/>
3	*List of Work Category - maximum of 3 main work categories	<input type="checkbox"/>
4	Appointment letter from principal / manufacturer	<input type="checkbox"/>
5	Certificate of Registration with Government Bodies, Private Sectors and Public Sectors (i.e. CIDB / MOF etc.)	<input type="checkbox"/>
6	Latest 3 Months Bank Statement	<input type="checkbox"/>
7	Processing Fee of RM50.00 (in the form of Bank Draft / Money Order / Postal Order / Cheque / Company Cheque / Credit Card) payable to UMW Corporation Sdn Bhd.	WAIVED
8	*Health, Safety and Environment (HSE) - Contractors / Supplier Pre-Evaluation Form	<input type="checkbox"/>
9	Enterprise Risk Management (ERM) & Business Continuity Management (BCM)	<input type="checkbox"/>

Additional documents for "Private Limited" and "Public Limited company".

1	*Form 9 / Form 13	<input type="checkbox"/>
2	*Form 24 - Return of Allotment of Shares	<input type="checkbox"/>
3	*Form 32A - Transfer of Shares	<input type="checkbox"/>
4	*Form 49 - Latest Particulars of Directors, Managers and Secretaries	<input type="checkbox"/>
5	*Audited Account for the last Financial Year / Management Account	<input type="checkbox"/>

Additional documents for "Sole Proprietor".

1	*Form B (Maklumat Perniagaan & Pemilik Semasa) and Form D (Perakuan Pendaftaran) / Form E (Perakuan Pembaharuan Pendaftaran)	<input type="checkbox"/>
2	*Income Statement & Balance Sheet and / or Form e-B (Borang Nyata Individu Pemastautin yang Menjalankan Perniagaan di bawah Seksyen 77 Akta Cukai Pendapatan 1967) for the last Financial Year	<input type="checkbox"/>

Additional documents for "Partnership" and "PLT".

1	*Form A or Certificate of Registration (S'wak)	<input type="checkbox"/>
2	*Income Statement & Balance Sheet and/or Form e-B (Borang Nyata Individu Pemastautin yang Menjalankan Perniagaan di bawah Seksyen 77 Akta Cukai Pendapatan 1967) for the last Financial Year	<input type="checkbox"/>

Note :-

Please read the Terms & Conditions prior to submission of this application form.

**Submitting this documents may improve on the Pre-Evaluation Scoring.*

FOR PROCUREMENT USE

<p>Received by</p> <p>_____</p> <p>Name : _____</p> <p>Date : _____</p>	<p>File No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>S</td><td>R</td><td>F</td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>Submission <input type="checkbox"/> By-hand <input type="checkbox"/> By courier / mail</p> <p>Application type <input type="checkbox"/> New <input type="checkbox"/> Renewal</p>	S	R	F	/																
	S	R	F	/																	
<p align="center">UMW Corporation Sdn Bhd Procurement</p> <p align="center">Menara UMW (formerly known as Wisma Nusantara) Jalan Puncak, off Jalan P. Ramlee Tel. : 03-2025 2025 Fax : 03-2025 2025</p>																					

SUPPLIER REGISTRATION FORM

NOTE: PLEASE INDICATE "N/A" OR "-" FOR NOT APPLICABLE / NOT AVAILABLE

1.0 COMPANY PARTICULARS

1.1 Company Name : _____

1.2 Former Co. Name : _____

1.3 Co. Address : _____

Postcode : _____

1.4 Telephone No. : _____ Fax No. : _____

1.5 Homepage / Website : _____

1.6 Type of Business : Private Limited Public Limited Sole Proprietor Partnership Others

1.7 Date Incorporated : _____ 1.8 Year In-business : _____ Year/s

1.9 Co. Registration No. : _____ 1.10 No. of Branches : _____

1.11 No. of Associated Co. : _____ 1.12 No. of Subsidiary : _____

1.13 Summary of Specialised Product / Specialised Expertise : _____

1.14 Business Coverage : Northern Central Southern Eastern
 Sabah Sarawak

1.15 Registration with Government Bodies / Public Sectors / Private Sectors (e.g. CIDB / MOF etc.) :

No.	Organisation	Expiry Date	No.	Organisation	Expiry Date
1			5		
2			6		
3			7		
4			8		

1.16 Organisation Structure - No. of employees of the Company :

	Management	Executive	Non-Executive	Gen. Workers	Total
Bumiputera					
Non-Bumi					
Foreign					
Total					

1.17 Detail of Shareholders / Partners / Proprietor

No.	Full Name	% - Share
1		
2		
3		
4		
5		
6		

SUPPLIER REGISTRATION FORM

NOTE: PLEASE INDICATE "N/A" OR "-" FOR NOT APPLICABLE / NOT AVAILABLE

2.0 FINANCIAL

2.1 Tax Registered Company? YES NO

2.2 If **YES**, Registration No. : _____

2.3 Bank Information (For Purpose of Direct Automated Clearing House (ACH) Payment)

Bank Name: _____ Account No. : _____

2.4 Equity Structure

Authorised Capital : RM _____

Paid-Up Capital : RM _____

2.5 Shareholder Structure

Bumiputera : _____ %

Non-Bumiputera : _____ %

Foreign : _____ %

2.6 Last Financial Year Performance: _____ (YYYY)

Revenue : RM _____

Gross profit / loss : RM _____

Profit / loss before tax : RM _____

Net Profit / Loss : RM _____

Current Asset : RM _____

Current Liability : RM _____

2.7 Company's Bank Facilities (e.g. Overdraft, Term Loan, Short Term Revolving Credit)

No.	Financial Institution	Facility	Amount (RM)
1			
2			
3			
4			

3.0 WORK CATEGORIES

Please select **maximum of three (3) main work categories** from the attached List of Work Category.

Code	Main Category	Code	Sub Category

Others (Please specify if not stated in the List of Work Category)

1. _____
2. _____
3. _____

4.0 PRINCIPAL / MANUFACTURER INFORMATION

If the Company is a sole agent / distributor, please specify the following details

No.	Product	Company Name of Principal / Manufacturing	Address of Principal / Manufacturer
1			
2			
3			

5.0 RELATIONSHIP OF PARTIES / RELATED PARTY TRANSACTIONS (RPT)

Supplier is required to declare on RPT as per clause **No. 13** of the Terms and Conditions attached.

Do you or any of your Directors / Partners / Shareholders have any relatives working in or have any relationship with any of UMW's group of companies? If **YES**, please provide their name, company, designation, relationship and other details.

No.	Name	Company	Designation	Relationship	Other Details
1					
2					
3					

