

SUNRISE MCL LAND SDN BHD

NEW VENDOR REGISTRATION FORM (CONTRACTOR)

CONTRACT & PROCUREMENT DEPARTMENT

Company Name*

:

Nature of Business*

:

Type of Business Registered* :

☐

Sole Proprietor

☐

Limited

☐

Partnership

☐

Unlimited Liability

☐

Others _____ *[pls state]*

CIDB Registered Contractor :

☐

CIDB Registered

☐

Not CIDB Registered

All fields marked with an asterisk (*) are mandatory and failure to provide information may result in the rejection of application. Sunrise MCL Land Sdn Bhd reserves the right to accept or reject of the applications and the Vendors shall not be reimbursed for whatever expenses or losses incurred during the preparation and submission of the complete registration documents. Please submit your registration form to **general@forestheights.my**, attention to Contract & Procurement Department. Only shortlisted Vendors will be invited for interview prior to registering in Approved Contractors List.

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Company Name : _____

PART A: COMPANY PARTICULARS *[compulsory]*

Note: Consortium or Joint Venture

Vendor's company by a group of two or more forming a joint venture or consortium must be signed by each firm and satisfactory proof that one person is authorized to act for all. All the members of a joint-venture or consortium shall be jointly and severally responsible for all the obligations of any Contract entered.

01 – VENDOR COMMON DETAILS

Business Reg. No/NRIC/Passport No. * :

Date of Incorporation* :

Address Line 1* :

Phone* :

Address Line 2 :

Address Line 3 :

City* :

Zip/Postal Code

Country* :

State/Province* :

Primary Contact Name :

Phone* :

Email* :

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02 – BRANCH DETAILS *[only if applicable]*

Branch Name* :

Address Line 1* : Phone* :

Address Line 2 :

Address Line 3 : City* :

Zip/Postal Code

Country* : State/Province* :

Primary Contact Name: Phone* :

Email* :

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NEW VENDOR REGISTRATION FORM (CONTRACTOR)

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Company Name : _____

PART B : PARTICULARS OF DIRECTORS, PARTNERS *[compulsory]*

01 – FINANCIAL DETAILS

Paid-up Capital (RM)* :

Supplier Credit Facilities (RM) :

Overdraft Facilities (RM) :

02 – DIRECTOR(S) DETAILS

| First Name* | Last Name* | % of Equity | Shares Owned (RM) |
|-------------|------------|-------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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Company Name : _____

PART C : DOCUMENTS REQUIRED (Attachment to email together with this Registration Form) IF RELEVANT

| Please Tick | No | Content | Office Use |
|--------------------|-----------|---|-------------------|
| | 1 | Introduction of Company with Detail of Organisation Chart* | |
| | 2 | Form 49 / Companies Act 2016 – Section 58* | |
| | 3 | Form 24 / Companies Act 2016- Section 78* | |
| | 4 | Form 9 & 13/ Companies Act 2016 – Section 14 & 15* | |
| | 5 | Details of Organisation Chart (with Name & Position) * | |
| | 6 | Last 3 Years Annual Audited Accounts* | |
| | 7 | Last 3 Months Bank Statement* | |
| | 8 | Certificate Of Registration With Authorities Eg: C.I.D.B, JKPP, ISO (if any). | |
| | 9 | QLASSIC / CONQUAS Certificate (if any). | |
| | 10 | List of Current & last 3 years projects with site photos* | |
| | 11 | Certificate Of Practical Completion (CPC) *for last 1-2 years project | |
| | 12 | Certificate Of Making Good Defects (CMGD) *for last 1-2 years project | |
| | 13 | Client Referees (if any) | |
| | 14 | Consultant Referees (if any) | |
| | 15 | Major Suppliers * | |
| | 16 | List of Plant/ Machineries/ Vehicles * | |

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To submit Company Profile*, inclusive but not limited to the following: -

1. Director(s) Profile*

Example:

| FIRST NAME* | LAST NAME* | NRIC/PASSPORT NO. * | QUALIFICATION | YEARS OF SERVICE* | WORK PHONE* | EMAIL |
|-------------|------------|---------------------|---------------|-------------------|-------------|-------|
| | | | | | | |

2. Technical Staff(s) Profile*

Example:

| FIRST NAME* | LAST NAME* | NRIC/PASSPORT NO. * | QUALIFICATION * | POSITION * | YEARS OF SERVICE* | WORK PHONE | EMAIL |
|-------------|------------|---------------------|-----------------|------------|-------------------|------------|-------|
| | | | | | | | |

3. Qualified Technical Personnel* (**Experience Not Less Than 8 Years**)

Example:

| FIRST NAME * | LAST NAME * | NRIC/PASSPORT NO. * | QUALIFICATION * | POSITION * | YEARS OF SERVICE (not less than 8 years) | WORK PHONE | EMAIL |
|--------------|-------------|---------------------|-----------------|------------|---|------------|-------|
| | | | | | | | |

4. Last 5 Years Project Experience*

Example:

| PROJECT NAME* | PROJECT PACKAGE NAME | PROJECT VALUE* | CLIENT NAME* | DATE OF AWARD* | DATE OF TARGET COMPLETION * | PERCENTAGE OF COMPLETION |
|---------------|----------------------|----------------|--------------|----------------|-----------------------------|--------------------------|
| | | | | | | |

5. List of Awards & Recognition* (applicable to design consultants only)

Example :

| PROJECT NAME* | YEAR OF AWARD* | TITLE OF AWARD/RECOGNITION* | i.e FIABCI, PAM, The Edge etc |
|---------------|----------------|-----------------------------|-------------------------------|
| | | | |

6. Company Turnover (based on professional fees) for the last 3 years*

Example :

| YEAR* | PROJECT PACKAGE NAME | PROJECT VALUE* | CLIENT NAME* |
|-------------|----------------------|----------------|--------------|
| VALUE (RM)* | | | |

Please provide information as per above examples.

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Company Name : _____

PART D : PROJECT REFERENCE

1. Project reference which works with UEM Sunrise / MCL Land.

If yes, please list down a.) _____

b.) _____

PART E : FOR CIDB REGISTERED CONTRACTORS ONLY

01 – CONTRACTORS

CIDB Grade :

Category : B
CE
ME

Expiry Date* :

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PART F : DECLARATION *[compulsory]*

I/We declare and confirm that information given and contained in the copies of documents provided are true. I/We are aware and understand that if any of the information forwarded and contained in the enclosed documents, are found to be false, Sunrise MCL Land Sdn Bhd has the right to reject our application or revoke any previously approved registration.

Signature* : _____

Name* : _____

Designation* : _____

I/C No. or Passport No.* : _____

Date* : _____

Company Chop* : _____