

VENDOR REGISTRATION & ASSESSMENT FORM

The purpose of this form is to collect vendor information and to assess the overall performance of the Company's vendors which we are currently working with or plan to work with. Please complete all information.

A. General Particulars	
1. Company Name	
2. Company Registration No.	
3. GST Registration No.	
4. Nature of Organization (please √ whichever applicable)	<input type="checkbox"/> Public Listed Company (Bhd) <input type="checkbox"/> Private Company (Sdn Bhd) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership
5. Date of Incorporation	
6. Place of Incorporation	
7. Registered Business Address (per records lodged to SSM/ROB)	
8. Telephone No.	
9. Facsimile No.	
10. Website Address	
11. E-Mail	
12. Business Operating Address (to be filled if differs from A.7)	
13. Name of Officer to be Contacted	
14. Designation	
15. Telephone No.	
16. Facsimile No.	
17. Mobile Phone No.	
18. Email	
19. Ownership of Office Premise (please √ whichever applicable)	<input type="checkbox"/> Own <input type="checkbox"/> Rent

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B. Equity & Financial Information		
1. Equity Holding		% Equity Held
	Local	
	Foreign	
	Total	
2. Principal Owners/Shareholders	Name	% Equity Held
	1.	
	2.	
	3.	
	4.	
	5.	
3. Board of Directors	Name	
	1.	
	2.	
	3.	
	4.	
	5.	
	No. of Shares	Value
4. Authorized Capital		
5. Paid-up Capital		
6. No. of Years in Business		
C. Work Category		
1. Description of Goods to be supplied		
D. Registration with Relevant Bodies / Authorities		
(please √ whichever applicable)		
	Classification	Expiry Date
<input type="checkbox"/> Kementerian Kewangan Malaysia (MOF)		
<input type="checkbox"/> Others (please specify herewith)		

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E. Company's Current Clientele			
Company Name	Type of Business	No. of Years Supplied	Annual Sales / Services
F. Award / Merits Received			
Type of Award / Merit			
1.			
2.			
3.			
4.			
G. ISO 9001, ISO 14001 OR OHSAS 18001 MANAGEMENT SYSTEM			
1.	Is your company certified under ISO 9001, ISO 14001 or OHSAS 18001 Management System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Checklist of Documents			

For company:

Form 9

Latest Form 44

Form 13

Latest Form 49

(if there is a change in company's name)

Latest Form 24

Latest Form of Annual Return

GST Approval Letter from Royal Malaysian Customs Dept

For sole proprietor or partnership:

Photocopy of I.C.

Form B

Form A

Form D

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I. Declaration

1. The undersigned hereby declare that all particulars and information contained herein and all duplicate copies of certificates, letters and document attached herewith are true and accurate, and there has been no deliberate suppression of facts which are required for the completion of this form.
2. The undersigned accept that our company will be liable to de-registration without notice if :-
 - (i) Any particulars or information subsequent to our registration are found to be false and incorrect;
 - (ii) Our company fails to notify immediately **YMCA of KUALA LUMPUR** on any change in the shareholding and/or any major changes in our company's organization structure.

AUTHORISED SIGNATORY

COMPANY STAMP

NAME :

DESIGNATION :

DATE :



VENDOR REGISTRATION & ASSESSMENT FORM

FOR YMCA of KUALA LUMPUR INTERNAL USE

Vendor Name	
Date Received	

Assessment
<p>1. Vendor Capacity (Strength & Capability)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. ISO 9001 / ISO 14001 / OHSAS 18001</p> <p>_____</p> <p>_____</p> <p>_____</p>

Assessment & Selection	
<p>The above Vendor is:</p> <p>[] Recommended</p> <p>[] Rejected</p> <p>[] KIV</p>	<p>Assessed by :</p> <p>_____</p> <p>Finance Manager Finance Chairman</p> <p>Name: Name:</p> <p>Date: Date:</p>

The Board of Directors Meeting Dated _____
 has approved / has not approved the above registration. Attached herewith Minutes
 of the said meeting.