

APPLICATION FOR REGISTRATION OF SUB-CONTRACTOR

A SUPPLIER DATA

1. Name of Sub-Contractor : _____

IC No. : _____
(If sole proprietor)

2. Address : _____

3. Telephone : _____ 4. Fax : _____

5. Business Structure :

<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Private Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Company
<input type="checkbox"/> Others, please state : _____	

B INTENDED TRADE OF REGISTRATION

(Please attach copy of licence / registration).

<input type="checkbox"/> Concretor	<input type="checkbox"/> Welder	<input type="checkbox"/> Plant / Eqpt. Repair
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Electrical Installation	<input type="checkbox"/> Machining
<input type="checkbox"/> Bar Bender	<input type="checkbox"/> Mechanical Installation	<input type="checkbox"/> Piling
<input type="checkbox"/> Drain Layer	<input type="checkbox"/> Water Works	<input type="checkbox"/> Sewerage & Plumbing
<input type="checkbox"/> Plasterer	<input type="checkbox"/> Painter	<input type="checkbox"/> Others, Please state _____

C CAPABILITY

- Experience** - Brief account of relevant experience shall be submitted together with this form stating the description of work, period, contract value, name of project and client's name.
- Equipment / Plant** - List of plant / equipment own by the supplier to be submitted together with this form
- Personnel / Staff** - List of staff / workers to be submitted together with this form

I Hereby declare that the above information given in this return is true and complete.

Name : _____ Signature : _____

Designation : _____ Date : _____