

## 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 : \_\_\_\_\_