



QVL Registration No.	:	
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Name of Company	:	
Company Registration No.	:	
Trade of Business	:	

PART I - GENERAL

1. Background

Please enclose:

- i. Company Profile together with Track Records.
- ii. Forms 9, 24 and 49. Form 13 (if applicable).
- iii. Any relevant certificate/document, if any.

Name of Company	:	
Mailing Address	:	
Business Office Address	:	
Branch Office Location	:	
Telephone No.	:	
Fax No.	:	
E-mail	:	
Date of Incorporation	:	
No. of Years in Business	:	
Type of Company	:	Please <input checked="" type="checkbox"/> whichever applicable <input type="checkbox"/> Private Limited <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-Bumiputra <input type="checkbox"/> Public Listed <input type="checkbox"/> Bumiputra <input type="checkbox"/> Others, please specify _____
Equity (%)	:	_____ % Bumiputra _____ % Non-Bumiputra (Malaysian) _____ % Foreign
Contact Person	:	Name : _____
		Designation : _____
		Telephone No : _____

		Name : _____
		Designation : _____
	Telephone No : _____	



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Board of Directors	:	1. _____					
		2. _____					
		3. _____					
		4. _____					
		5. _____					
Share Holders	:						
		1. _____					
		2. _____					
		3. _____					
		4. _____					
		5. _____					
		%					
		<table border="1" style="width: 50px; height: 100px; margin-left: auto;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					

2. Company Registration

Please enclose "Certified True Copies" of all registrations and certificates.

Registration	:	Please V whichever applicable	
PKK	:	<input type="checkbox"/> Yes, Class Status : _____	<input type="checkbox"/> No
CIDB	:	<input type="checkbox"/> Yes, Class Status : _____	<input type="checkbox"/> No
Petronas	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ISO 9001	:	<input type="checkbox"/> Yes, Validity Date : _____	<input type="checkbox"/> No
ISO 14001	:	<input type="checkbox"/> Yes, Validity Date : _____	<input type="checkbox"/> No
OHSAS 19001	:	<input type="checkbox"/> Yes, Validity Date : _____	<input type="checkbox"/> No
Others, please state	:	1. _____	
		2. _____	
		3. _____	
		4. _____	

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3. Resources

(a) **Human Resource:** Please provide Organization Chart and CV of all key staff and their professional accreditation, if any.

Technical Staff	:	Please fill in the numbers of professionals in your organization.	No.
		Project Manager	<input type="text"/>
		Contract Manager	<input type="text"/>
		Safety Manager/Officer	<input type="text"/>
		QA/QC Manager/Engineer	<input type="text"/>
		Quantity Surveyor	<input type="text"/>
		Civil/Structural Engineer	<input type="text"/>
		Mechanical Engineer	<input type="text"/>
		Planning Engineer	<input type="text"/>
		Site Supervisor	<input type="text"/>
		Others, please specify _____	<input type="text"/>
Non-Technical Staff	:		No.
		Executive	<input type="text"/>
		Non-Executive	<input type="text"/>
Technical / Product Knowledge of the Sales Staff	:		No.
		Professionally Qualified	<input type="text"/>
		Knowledgeable	<input type="text"/>
		Unknowledgeable	<input type="text"/>

(b) **Plant & Machinery:** Please attach additional sheet if not sufficient.

Heavy Machinery	:	Please state:	No.	Owned	Lease
		1. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
		2. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
		3. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
		4. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
		5. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Others, please list _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

(c) **Workshop/Office Lot:** Please attach additional sheet if not sufficient.

Workshop	:	<input type="checkbox"/> Yes Owned (m ²): _____	Lease (m ²): _____	<input type="checkbox"/> No
Office Lot	:	<input type="checkbox"/> Yes Owned (m ²): _____	Lease (m ²): _____	<input type="checkbox"/> No

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4. Work Experience

Please attach additional sheet if not sufficient.

Completed Projects	:	Client Name	Project Title	Value	Year Completed
	1.				
	2.				
	3.				
Current Projects	:	Client Name	Project Title	Value	Year Award
	1.				
	2.				
	3.				
Sales	:	Largest single buyer during the last finance year	Aggregate total volume of sales to single buyer during the last 2 years		
		Value:	Value:		

PART II - FINANCE
1. Financial Data

Please enclose:

- “Certified True Copy” of latest Audited Account for the last three (3) years.
- “Certified True Copy” of Bank Statement for the last three (3) months.
- Letter of Support from Financial Institution i.e. Letter of Award/Offer/Bank Confirmation Letter, etc.

Paid-Up Capital	:	RM
Authorized Capital	:	RM
Annual Turnover for the Latest Full Year	:	RM
Credit Facilities from Bank	:	1. _____
		2. _____
		3. _____
		4. _____
		Permission to take up bank reference <input type="checkbox"/> Yes <input type="checkbox"/> No



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Type of Facilities	:	Overdraft	:	RM _____
		Bank Guarantee	:	RM _____
		Letter of Credit	:	RM _____
		Working Capital Financing	:	RM _____
		Others, please list	:	RM _____

		Sub-Total	:	RM _____
	Total Current Utilized	:	RM _____	
	Balance Current Unutilized	:	RM _____	
	Possible for Increase (please V whichever applicable)	:	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

2. **Balance Sheet**

Assets	:	(a) Fixed Asset	-	RM _____
		(b) Current Asset	-	RM _____
Liabilities	:	(c) Current Liabilities	-	RM _____
		(d) Long Term Liabilities	-	RM _____
		(e) Working Capital (b – c)	-	RM _____
		(f) Fixed Capital (a – d)	-	RM _____
		(g) Net Worth (e + f)	-	RM _____
Average Positive Balance for Cash In Hand in Three (3) Months – Current Account Bank Statement + Overdraft	:	Month 1	-	RM _____
		Month 2	-	RM _____
		Month 3	-	RM _____
		Average	-	RM _____

3. **Declaration**

We hereby declare that the above information given is true and correct.

Signature	:	
Name	:	
Designation	:	
Company Name & Stamp	:	
Date	:	

