



QVL Registration No.

:

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

PART I - GENERAL

1. Background

Please enclose:

- Company Profile together with Track Records.
- Forms 9, 24 and 49. Form 13 (if applicable).
- 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 ✓ 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.		

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
ISO 45001	:	<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	
		Contract Manager	
		Safety Manager/Officer	
		QA/QC Manager/Engineer	
		Quantity Surveyor	
		Civil/Structural Engineer	
		Mechanical Engineer	
		Planning Engineer	
		Site Supervisor	
	Others, please specify _____		
Non-Technical Staff	:		No.
		Executive	
		Non-Executive	
Technical / Product Knowledge of the Sales Staff	:		No.
		Professionally Qualified	
		Knowledgeable	
		Unknowledgeable	

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

Heavy Machinery	:	Please state:	No.	Owned	Lease
		1. _____			
		2. _____			
		3. _____			
		4. _____			
		5. _____			
		Others, please list _____			

- (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	:	

