



PRE-QUALIFICATION OF SUB CON / CONSULTANTS

INSTRUCTION:

Please enclose all relevant documents as follows:

- Company Profile, copy of Company Form ie. Form 24 and Form 49
- Copy of registration with agencies or professional bodies

Section A: Sub-contractor / Consultant Company's Particulars

Company Name			
Address			
Contact No.		Fax No.	
E-Mail Address		Company Year of Operating	
Type of Works /Services involves.			
Type of Works /Services involves.			
Type of Works /Services involves.			
Please state if your company is ISO certified	<input type="checkbox"/> ISO9001 <input type="checkbox"/> ISO14001 <input type="checkbox"/> Others: _____		

(Kindly tick (✓) on the attached Trade Code)

Section B : Sub-contractor / Consultant Competencies.

- Registration with Agencies /Professional bodies.

Name of Agencies / Professional bodies	Class	Remarks
i. CIDB		
ii. PKK – Pusat Khidmat Kontraktor		
iii.		
iv.		
v.		

Section C: Sub-contractor / Consultant project listing.

- Current Project Information

Project Title	Client / Consultant	Contract Value	Date of Completion	Completion %	Main Contract or Sub-Con
i.					
ii.					
iii.					
iv.					



PRE-QUALIFICATION OF SUB CON / CONSULTANTS

ii. Completed Projects Information (last 5 years)

Project Title	Client / Consultant	Contract Value	Date of Completion	LAD Imposed (Yes/No)

Section D: Company's current relevant personnel.

Name	Position	Age	Qualification	Years of Experience

Section E: Company's Plant and Equipment.

Type	Model/Make	Age	Own/Hired



PRE-QUALIFICATION OF SUB CON / CONSULTANTS

Company's Acknowledgement

.....
Signature /co. Stamp

Name:
Position:
Date

FOR OFFICE USE ONLY

Recommendation

RECOMMENDED BY:

Remarks (if any)

(Signature)

Name:
Date:
Position

APPROVED BY (Contract's Director)

☐ Approved

☐ Not Approved

Remarks (if any)

(Signature)

Name:
Date:
Position