



EXTERNAL PROVIDER'S NEW REGISTRATION FORM

INSTRUCTION:

Please enclose all relevant document as follows:

- Company Profile, Copy of Company Forms ie. Form 9, Form 24 or Form 49
- Business brochure or catalogues

Type of New External Providers			
Supplier / Material		Subcontractor / Trade :	
Part 1: To be completed by External Provider.			
Product / Service required :			
Part 2: External Provider Particulars			
Company Name:		Tel: Fax: Email: Company Registration No.:	
Registered Company Address:			
Company's Operating Address:			
Nature of Business:			
Contact Person(s) Name	1.		Contact No.:
	2.		Contact No.:
Equity Content	Malaysian: _____ %	Foreign: _____ %	Status: Bumiputra/Non-Bumiputra/Foreign
Financial Information			
Capital Structure	Paid Up Capital:	Authorized Capital	Working Capital
	RM	RM	RM
Bank Name and Address			
Account Number:			

Conflict of Interest Declaration

The provider hereby confirms that:

- You have disclosed any existing or potential conflicts of interest that may affect their ability to act impartially in business dealings with SLG Construction Sdn Bhd.
- They do not have any financial, personal, or other relationships with employees, board members, or contractors of SLG Construction Sdn Bhd. that could improperly influence the procurement process.
- They shall immediately inform SLG Construction Sdn Bhd. of any potential or actual conflict of interest that arises during the course of the relationship.

☐ I/We confirm that there is no conflict of interest.

☐ I/We disclose the following potential conflict(s) of interest:

(Please provide details, including name(s) of any involved individuals, and the nature of the relationship.)

(Signature)

Name:

Date:



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OFFICE USE ONLY

Part 3: Evaluation on Product and Services

Company Background	Information Submitted:		Sample	Product Specification or Catalogue
	(Please attach the information)		Customer Recommended Documents e.g. Letter, customer list etc.	
			Quotation	
	Comment by other relevant personnel (if any):			
Delivery	• Special requirement on the delivery lead time:			
	• Outstation or oversea Supplier please confirm the delivery lead time:			
Compliance	Comply with Quality product/service requirement <input type="checkbox"/>			
	Comply with Safety & Health requirement <input type="checkbox"/>			
Price (Commented by evaluator)	Did the price compared with other Supplier, if yes please list the result and the other Supplier name:			
	If no comparison of price, please comment on the price:			
Terms of Payment				
Reviewed by				Date :

Part 4: Approval

Comment on the Review :

Recommendation as approved supplier? **YES / NO**

Approved by:

Date: