

**(Name of Main Contractor)**

**REGISTRATION AND EVALUATION OF NEW SUB-  
CONTRACTORS/SUPPLIERS**

I / We declare and confirm that the information given and copies of documents submitted as requested are authentic. I am / We are aware and understand that any information and documents found to be false shall cause my / our application to be rejected.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

I/C No. / Passport No. : \_\_\_\_\_

Designation : \_\_\_\_\_

Company's Chop : \_\_\_\_\_

Date : \_\_\_\_\_

## **REGISTRATION AND EVALUATION OF NEW SUB-CONTRACTORS/SUPPLIERS**

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### **REMINDER**

1. The Registration and Evaluation of New Sub-Contractors/Suppliers Evaluation Form shall be completed, signed and stamped with company chop.
2. The Registration and Evaluation of New Sub-Contractors/Suppliers Evaluation Form shall be accompanied with all relevant documents.
3. Incomplete forms shall be rejected.
4. The data furnished is for reference and verification purposes only.
5. If there is not enough space, please enclose additional sheet.
6. The Registration and Evaluation of New Sub-Contractors/Suppliers Evaluation Form, company profile and other relevant documents shall be placed in a file or binded before submission.
7. You are requested to retain a copy of the submitted forms.

## SECTION A

### 1.0 COMPANY BACKGROUND

- 1.1 Company Name : \_\_\_\_\_
- 1.2 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 1.3 Telephone No. : \_\_\_\_\_
- 1.4 Fax No. : \_\_\_\_\_
- 1.5 Website/E-Mail : \_\_\_\_\_
- 1.6 Name of Contact Person : \_\_\_\_\_  
 Title of Contact Person : \_\_\_\_\_
- 1.7 Parent / Holding / Subsidiary / Associated Company Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 1.8 Type of Company : \* Private Limited / Limited / Sole proprietor / Partnership / Public Listed / Others (please specify)  
 \_\_\_\_\_
- 1.9 Status of Company : \* Bumiputra / Non-Bumiputra / Foreign / Public Listed Bumiputra / Public Listed Non-Bumiputra
- 1.10 Place of Incorporation : \_\_\_\_\_
- 1.11 Year of Incorporation : \_\_\_\_\_
- 1.12 Certificate or Registration No. : \_\_\_\_\_
- 1.13 Services or products offered by company. Use format in APPENDIX 1 to indicate the details.  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Delete whichever not applicable



## SECTION A

### 2.0 LICENSING / REGISTRATION AUTHORITIES

NO.	AGENCIES / AUTHORITIES	TYPE OF WORKS ( HEAD / SUBHEAD )	REGISTRATION	
01	Pusat Khidmat Kontraktor (PKK)		Class:	
			Reg. No:	
			Validity:	
			Bumi Status:	
02	Lembaga Pembangunan Industri Pembinaan Malaysia (CIDB)		Class:	
			Reg. No:	
			Validity:	
03	Tenaga Nasional (TEN)		Class:	
			Reg. No:	
			Validity:	
04	Petronas		Class:	
			Reg. No:	
			Validity:	
05	JPA		Class:	
			Reg. No:	
			Validity:	
06	Bomba		Class:	
			Reg. No:	
			Validity:	
07	SIRIM		Class:	
			Reg. No:	
			Validity:	
08	Other (Please Specify)		Class:	
			Reg. No:	
			Validity:	

\* Copy of Registration Certificate to be enclosed

\* Indicate N/A if not applicable.

## SECTION B

### 1.0 FINANCIAL BACKGROUND

#### 1.1 \* Capital Structure

- (i) Authorized Capital : \_\_\_\_\_
- (ii) Paid-up Capital : \_\_\_\_\_
- (i) Working Capital : \_\_\_\_\_

#### 1.2 Bankers / Financiers

Name (Branch)	Account No.	** Facilities (If any)
(a) _____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
(b) _____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
(c) _____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

#### 1.3 Equity Participation

- (i) Bumiputra (B) : \_\_\_\_\_
- (ii) Non-Bumiputra (NB) : \_\_\_\_\_
- (iii) Foreign / Non-Malaysian Citizen : \_\_\_\_\_

\* Attach copies of the audited financial statements for the last five (5) financial years.

\*\* Attach letter from commercial bank(s) providing credit line as per format in APPENDIX 2.

## SECTION B

### 1.0 FINANCIAL BACKGROUND

#### 1.4 Assets and Liabilities

Financial Information	for last five (5) years				
	Current Year	Past Year ( -1 )	Past Year ( -2 )	Past Year ( -3 )	Past Year ( -4 )
Total Assets					
Current Assets					
Total Liabilities					
Current Liabilities					
Profits Before Taxes					
Profits After Taxes					
Turnover					

#### 1.5 Suppliers Credit Facilities (If any)

Name of Supplier	Source of major base material	Supply Limitation	*Facilities	Credit Term
(a) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(b) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Attach letter from supplier(s) providing credit line.



## SECTION B

### 1.0 FINANCIAL BACKGROUND

#### 1.6 List of Major Shareholders

Name	I/C No. / Passport No.	Race / Citizen	% Equity	Designation

#### 1.7 Board of Directors

Name	I/C No. / Passport No.	Race / Citizen	% Equity	Designation



## SECTION B

### 1.0 FINANCIAL BACKGROUND

#### 1.8 Joint Venture Summary (If any)

All Partner of A Joint Venture	Name of Contractor	% of Share in JV
1 – Lead Partner		
2 - Partner		
3 – Partner		
4 – Partner		
5 – Partner		

#### Notes:

- i) All partners of a joint venture (JV) shall enter into an agreement or under an existing agreement in the form of a joint venture providing for jointly and severally. Copy of the JV agreement to be enclosed.
- ii) The lead partner shall represent on behalf of all partners of a JV to execute all business during the bidding process and contract execution.

## SECTION C

### 1.0 EXPERIENCE

1.1 \*List of projects completed within the past 5 years :

Job Title	Scope of Work	Client	**Contract Role	Value (RM)	Year Completed

1.2 \*List of current projects :

Job Title	Scope of Work	Client	**Contract Role	Value (RM)	Year Completed

## SECTION C

### 1.0 EXPERIENCE

#### 1.3 Litigation History :

Please state if you have conducted any litigation or arbitration resulting from contracts executed in the last five (5) years.

Year	Award FOR/AGIANST Contractor	Client	Cause of Litigation	Matter in Dispute	Disputed Amount

\* The information supplied should be the annual turnover of the Contractor (or each member of a joint venture), in terms of the amounts billed to Clients for each year for work in progress or completed, converting into 'RM' equivalent at the rate of exchange at the end of the period reported for overseas project.

\*\* Contract role – Please specify the contractual roles i.e. EPC contractor, Design and Build contractor, Subcontractor, Lead Partner or minority partner in JV or others.

## SECTION D

### 1.0 PERSONNEL

#### 1.1 Summary of Company Personnel

Total Number of Staff	:	_____
No. of Management Staff	:	_____
No. of Quality Staff	:	_____
No. of Environmental Staff	:	_____
No. of Safety & Health Staff	:	_____
No. of Administrative Staff	:	_____
Others	:	_____

#### 1.2 State the full time key technical personnel as per format in APPENDIX 3.

#### 1.3 Attach company organization chart or describe below the company organization showing the structure and the position of Directors and key technical personnel.



## SECTION E

## 1.0 PLANT AND MACHINERY (FOR SUB-CONTRACT WORK ONLY)

### 1.1 List of main construction plant and machinery :

Description of plant / machinery	Qty.	Capacity / Model	Year of Manufacture	Country of Origin	Owned / Leased	Current Market Value (RM)

## SECTION F

### 1.0 MANUFACTURING DETAILS

- 1.1 Product type / model : \_\_\_\_\_
- 1.2 Country of origin for imported products : \_\_\_\_\_
- 1.3 Source of material : \_\_\_\_\_
- 1.4 Location of factory : \_\_\_\_\_
- 1.5 Maximum product capacity / day or month : \_\_\_\_\_
- 1.6 Manpower strength (blue collar) : \_\_\_\_\_
- 1.7 Factory land area : \_\_\_\_\_
- 1.8 Owned or leased : \_\_\_\_\_
- If leased : i) Tenure : \_\_\_\_\_
- ii) Lessor : \_\_\_\_\_

### 2.0 AGENTS / DISTRIBUTOR DETAILS

- 2.1 Please state if you are a sole-distributor / agents etc.  
\_\_\_\_\_
- 2.2 State the name of the manufacturer : \_\_\_\_\_
- 2.3 Product Country of origin : \_\_\_\_\_
- 2.4 Product Type / Model : \_\_\_\_\_
- 2.5 License / Standards Attained / Accreditation Obtained etc. : \_\_\_\_\_
- 2.6 Legal compliance (if applicable) i.e. chemical products, etc : \_\_\_\_\_
- 2.7 Certification from recognized Safety & Health or Environmental Standards (if applicable) : \_\_\_\_\_

## SECTION G

### 1.0 QUALITY, SAFETY & HEALTH AND ENVIRONMENT MANAGEMENT SYSTEMS

1.1 Has the company been certified with:

- |                |                              |                             |
|----------------|------------------------------|-----------------------------|
| a. ISO 9001    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. ISO 14001   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. OHSAS 18001 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, state the accredited certification organization and attach a photocopy of the certificate(s).

1.2 Has the company been awarded with any special recognition for Quality, Safety & Health and Environment (QSHE) or productivity (e.g. certified product, quality award, and safety recognition)? If yes, provide the details.

☐ YES ☐ NO

1.3 Does the company have an established QSHE Department?

☐ YES ☐ NO

If yes, identify the QSHE Manager(s) by name(s)

If no, who is responsible for QSHE?

If no, how is QSHE controlled?

1.4 Has any major organization/company audited your company in the last 12 months? If yes, list the organization(s) and the date of the audit.

☐ YES ☐ NO

IF YOUR REPLY TO NO. 1.1(a) ABOVE IS 'NO', ANSWER QUESTIONS 1.5 TO 1.22  
IF YOUR REPLY TO NO. 1.1(a) ABOVE IS 'YES', IGNORE QUESTIONS 1.5 TO 1.22

1.5 Do you plan to be certified to ISO 9001?

☐ YES ☐ NO

If yes, state the expected implementation date.

1.6 Is there Quality Management System already in place and described in a Quality Manual or procedures to address the following activities?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Quality Policy                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Quality Plans                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Management Responsibility (Management review) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Customer Contract Review                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



Design Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Drawing Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Document Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Procurement Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Measuring & Test Equipment Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inspection & Testing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Non Conformance Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Corrective & Preventive Action	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Internal Audit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Control of Records	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Competency & Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.7 Does your company have a formal system to manage your consultant/contractor/supplier?		
Evaluation prior to placing order	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Performance Assessment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Approved Vendor List	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Contract agreements are included in purchase order	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Corrective action are required for non compliance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.8 Does your company have a formal system to manage design work? (Applicable only where design work is required from the company)		
Design reviews are carry out	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Product testing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Product testing and approval by external independent organization (e.g. government agency, test bodies)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Design Analysis programs are used	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.9 Do you retain records that can demonstrate the achievement of contract / order requirements and the effective operation of your processes?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
How long do you keep the records?		
1.10 Do you have a system to control the distribution, issuance and changes to document?		
Distribution Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Revision/Issuance identification Number	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Control of Changes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1.11 Does your company have written procedures for the control of drawings, specification?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
1.12 Are methods established to protect drawings / product / works from damage?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
1.13 Do you have a system to inspect materials prior to use?		



	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.14	Do you document the standards for workmanship?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.15	Do you carry out in-process inspection/verification?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.16	Do you have a system to inspect/verify the compliance of final service/product/drawings with contract requirements?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.17	Do you have a system to control non-conformance or work that does not meet requirements?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.18	Do you have a system to implement corrective and preventive actions to address non-conformities?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.19	Do you have a system to control, calibrate and maintain inspection, measuring and test equipment?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.20	Does your company have regular schedule review of the status and adequacy of the Quality program?  <input type="checkbox"/> YES <input type="checkbox"/> NO  Is yes, how often is the review conducted?  If yes, what date was the last review?
1.21	Does the company conduct internal Quality audits? If yes, state the frequency of audit.  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.22	Do you maintain records of staff training?  <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOUR REPLY TO NO. 1.1(b) ABOVE IS 'NO', ANSWER QUESTIONS 1.23 TO 1.26 IF YOUR REPLY TO NO. 1.1(b) ABOVE IS 'YES', IGNORE QUESTIONS 1.23 TO 1.26	

1.23	Do you plan to be certified to ISO 14001?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.24	Does your organization establish plans or programmes for pollution prevention, waste recycling/reuse or resource conservation?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.25	Are your products made from suitable/recycled source, are recyclable and energy sufficient?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.26	Does your organization provide environmental awareness training to your staffs?  <input type="checkbox"/> YES <input type="checkbox"/> NO  Details:
<p>IF YOUR REPLY TO NO. 1.1(c) ABOVE IS '<b>NO</b>', ANSWER QUESTIONS 1.27 TO 1.30  IF YOUR REPLY TO NO. 1.1(c) ABOVE IS '<b>YES</b>', IGNORE QUESTIONS 1.27 TO 1.30</p>	
1.27	Do you plan to be certified to OHSAS 18001?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.28	Does your organization have safety & health plans or programmes to prevent safety & health incidents?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.29	Does your organization have a safe & healthy working environment?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.30	Does your organization provide safety & health awareness training to your staffs?  <input type="checkbox"/> YES <input type="checkbox"/> NO
1.31	Any Other Additional Comments  _____ _____ _____ _____ _____ _____

## SECTION H

### FOR OFFICE USE ONLY

#### 1) Document To Be Submitted

- |  |                          |       |
|--|--------------------------|-------|
| a) Form 24   | <input type="checkbox"/> | _____ |
| b) Form 49   | <input type="checkbox"/> | _____ |
| c) Latest Form Annual Return of Company Having Share Capital           | <input type="checkbox"/> | _____ |
| d) Company Profile (Indicating job reference, organization chart etc.) | <input type="checkbox"/> | _____ |
| e) Product Brochures   | <input type="checkbox"/> | _____ |
| f) Annual Report   | <input type="checkbox"/> | _____ |
| g) Audited Account   | <input type="checkbox"/> | _____ |
| h) Letter from Bank  | <input type="checkbox"/> | _____ |
| i) Certificate of Accreditation  | <input type="checkbox"/> | _____ |
| j) QSHE System Procedure   | <input type="checkbox"/> | _____ |
| k) Design Control Procedure  | <input type="checkbox"/> | _____ |
| l) Others / relevant supporting documents                              | <input type="checkbox"/> | _____ |

#### 2) Sub-Contractor Evaluation Score

Area Evaluated		Score	Remarks
- Track Record	(1 – 5) :	<input type="text"/>	
- Financial Strength	(1 – 5) :	<input type="text"/>	
- Technical Competence	(1 – 5) :	<input type="text"/>	
- QSHE System	(1 – 5) :	<input type="text"/>	
- Management	(1 – 5) :	<input type="text"/>	
- Plant & Machinery Availability	(1 – 5) :	<input type="text"/>	
- Manpower Availability	(1 – 5) :	<input type="text"/>	
<b>Total Score :</b> _____ <b>Average Score :</b> _____ <b>Grade :</b> _____			

**Evaluated By :** \_\_\_\_\_

Signature	Name	Designation	Date
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Notes:

- 1) Areas not evaluated shall not be given a score.
- 2) Company certified to ISO 9001, ISO 14001 and/or OHSAS 18001 shall be given a minimum score of 4.0 for QSHE System
- 3) Evaluation criteria:

Score	5 - Excellent, demonstrate high capability 4 - Good, minor improvement can result in performance improvement 3 - Average, improvement needed 2 - Weak, major improvement needed 1 - Very weak, critical deficiencies observed
Grade	A - Excellent (average score 4.0 above) B - Good (average score 3.5 to below 4.0) C - Average (average score 3.0 to below 3.5) D - Weak (average score 2.0 to below 3.0) E - Unacceptable (average score 2.0 below)



## APPENDIX 1

HEAD	SUB-HEAD	SERVICES OR PRODUCTS OFFERED BY COMPANY	TICK ✓
A	<b>CIVIL &amp; BUILDING WORKS</b>		
	A1	Advertising Signboard	
	A2	Concrete Repair / Waterproofing	
	A3	Drainage	
	A4	Earthworks	
	A5	Expansion Joint / Bridge Bearings	
	A6	Interlocking Paver	
	A7	Labor Only Sub-contractor	
	A8	Landscaping	
		- Turfing	
	A9	Metalwork	
	A10	Pavement	
	A11	Pest Control	
	A12	Piling Works	
		- General Piling Works	
		- Bored Pile	
		- Dynamic Load Test / Pile Testing	
		- Micro-piling	
		- R. C. Pile	
		- Spun Pile	
		- Steel Sheet Pile	
		- Timber Pile	
	A13	Plumbing & Sanitary	
	A14	re-stressing	
	A15	Reinforced Earth Wall	
	A16	Renovation	
	A17	Road Furniture	
	A18	Sanitary Fitting	
	A19	Soil Improvement	
		- Pre-fab. Vertical Drain & Stone Column	
	A20	Soil Investigation	
	A21	Sound Barrier	
	A22	Testing Services	
	A23	General Civil & Building Contractors	
B	<b>M &amp; E WORKS</b>		
	B1	Air Conditioning	
	B2	Electrical works	
	B3	Fire Fighting	
	B4	Gas Pipeline	
	B5	Telecom / Telecommunication Works	
	B6	Toll System	
	B7	Traffic System	
	B8	General M & E Works	

HEAD	SUB-HEAD	SERVICES OR PRODUCTS OFFERED BY COMPANY	TICK ✓
<b>C</b>	<b>CONSULTANT</b>		
	C1	Architect	
	C2	Civil & Structural and M&E	
	C3	Land Acquisition	
	C4	Landscaping	
	C5	Pavement Engineering	
	C6	Quality System	
	C7	Quantity Surveying / Contract	
	C8	Staff Training	
	C9	Surveyor	
	C10	Traffic	
	C11	Others	
	C12	S&H System	
	C13	Environmental System	
<b>D</b>	<b>OTHERS (i.e. Specialist, Special products or etc)</b>		

## APPENDIX 2

## BANK / FINANCIAL INSTITUTION REPORT

## NOTE

Complete report be placed in a sealed envelope or attached with the application. If application has more than one bank or financial institution, submit report from each bank / financial institution according to the format below:

<p>(Position) (company address)</p>          <p>Financial Information</p> <p>Financial particulars of _____ (name of firm/company)</p>          <p>are as follows:</p> <p>1. Number and type of Account</p> <p>(i) _____</p> <p>(ii) _____</p> <p>2. Person(s) authorized to sign checks for account(s)</p> <p>(i) Name _____ I/C No/ Passport No. _____</p> <p>(ii) Name _____ I/C No/ Passport No. _____</p> <p>(ii) Name _____ I/C No/ Passport No. _____</p> <p>3. Credit Facilities <span style="float: right;">Amount (RM)</span></p> <p>3.1 Overdraft _____</p> <p>3.2 Charged Overdraft _____</p> <p>3.3 Credit Line _____</p> <p>3.4 Letter of Credit _____</p> <p>3.5 Other Facilities ** _____</p>	<p>4. Fixed Deposit : Charged / Not Charged *</p> <p>If not charged state the amount : RM _____</p> <p>5. Comments on financial status and firm's/company's account _____ _____ _____ _____</p>          <p>(Bank Manager)</p> <p>Chop _____</p>          <p>Name _____</p> <p>I.C. No _____</p> <p>Address _____ _____ _____ _____</p>          <p>Telephone No. _____</p>          <p>Date _____</p>
---	--

\* Delete whichever applicable

\*\* Please state

## APPENDIX 3

## PARTICULARS OF KEY TECHNICAL PERSONNEL IN EMPLOYMENT

Name	Date of Birth	Nationality	Expiry Date of Employment pass (foreign personnel only)	Academic / Professional Qualification	Designation in Firm / Company	Date Employed by Company	Experience			Job Responsibilities
							Years of Experience in Construction	Highest Value of Project Involved in Last 5 Years (RM)		