

**VENDOR REGISTRATION FORM**

This registration form must be completed accordingly, in completion with signature and company's stamp.

Name of Company

1. **Company’s Information**

|  |  |
| --- | --- |
| Registered Address |  |
| Mailing Address |  |
| Office Tel No |  | Fax |  |
| Person to Contact |  |
| Mobile No. |  |
| Email Address |  |
| Website Address |  |

1. **Business Information**

|  |  |
| --- | --- |
| Nature of Organisation  | Berhad / Sdn Bhd / Enterprise/ Partnership / Sole Proprietor / Others\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Registration Certificate No |  |
| GST Reference No |  |
| Status | Bumiputra / Non Bumiputra / Foreign |

1. **Business Information**

|  |  |
| --- | --- |
| Register With: *(Please tick 🗸 at the appropriate box)* | Malaysia Ministry of Finance Pusat Khidmat Kontraktor (PKK)CIDBProfessional BodiesOthers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Financial Information**

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Address |  |
| Account No |  |

1. **Credit Payment Term**

30 days from the date of receipt undisputed invoice & its relevant supporting document.

45 days from the date of receipt undisputed invoice & its relevant supporting document.

60 days from the date of receipt undisputed invoice & its relevant supporting document.

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Company’s Declaration**

We, the undersigned hereby declare to the best of our knowledge and belief that the particulars furnished under this application are true and accurate. We also agree that any incorrect information stipulated in this form may render our registration invalid.

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

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

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

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

Company Stamp :

*\*Delete which ever not applicable.*

*\*Kindly email the soft copy of form with the scanned copy of necessary attachment to*

*khadijah@labuanfsa.gov.my* *and* *robin@labuanfsa.gov.my**.*