



Vendor Profile Form

1. General information

Supplier Name	Address	Principal Business	Established Year	Co Reg. No
		<input type="checkbox"/> Manufacturing <input type="checkbox"/> Services / Trading and etc. Description : 		

Tel.	Fax.	Website

Contact Person/PIC (Note: Please provide Detailed Organisation Chart)

Top Management	Production	Quality Dept.	Sales Dept
Name	Name	Name	Name
Position	Position	Position	Position
E-mail	E-mail	E-mail	E-mail
Tel.	Tel.	Tel.	Tel.

2. Company Profile (Please (√) tick where applicable)

Equity Structure	<input type="checkbox"/> Bumiputera <input type="checkbox"/> Non-Bumiputera <input type="checkbox"/> Foreign		
Capital Details	Shareholders:	Value as in Currency Unit:	Shares in %:
			%
			%
Type of company:	<input type="checkbox"/> Public Limited <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Enterprise <input type="checkbox"/> Ltd Liability Partnership <i>If Others (Please specify) :</i>		
Annual Sales	Financial year	YR	YR
	Sales Figure		
Global Supplier	Yes	No	
Overseas Network	Thailand	India	Vietnam
	Philippines	Pakistan	Indonesia
	Europe	China	Singapore
Possibility of Design Center	Possible	Not Possible	Others, please specify :

Parent / Sister Company

Name & Address	Business Category & Type	Approval / Accreditation

3. Company Financial (Note: Please provide Financial Audited Account for the last 3 years)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Currency Unit</td><td></td></tr> <tr><td>Paid Up Capital</td><td></td></tr> <tr><td>Authorised Capital</td><td></td></tr> <tr><td>Sales Percentage (%)</td><td></td></tr> <tr><td>Domestic Market</td><td></td></tr> <tr><td>Export Market</td><td></td></tr> <tr><td>PBT for the past 3 years (Tick one)</td><td> <input type="checkbox"/> Positive <input type="checkbox"/> Negative </td></tr> </table>	Currency Unit		Paid Up Capital		Authorised Capital		Sales Percentage (%)		Domestic Market		Export Market		PBT for the past 3 years (Tick one)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Ratio: Total Value of Current project vs Availability of Funds</td> </tr> <tr> <td> <input type="checkbox"/> =>10% <= <input type="checkbox"/> 6% to 9% </td> </tr> <tr> <td>Availability of Funds</td> </tr> <tr> <td> <input type="checkbox"/> => 15% of Tender Sum <input type="checkbox"/> Between 10% - 15% of Tender Sum <input type="checkbox"/> Between 0% - 5% of Tender Sum <input type="checkbox"/> 0% of Tender Sum </td> </tr> <tr> <td>Return on Equity = Net Profit After Tax / Equity</td> </tr> <tr> <td>Inventory Turnover Days = [Average Inventory x 365] / COGS :</td> </tr> <tr> <td>Trade Debtors Turnover Days = [Average Trade Debtors x 365] / Revenue :</td> </tr> </table>	Ratio: Total Value of Current project vs Availability of Funds	<input type="checkbox"/> =>10% <= <input type="checkbox"/> 6% to 9%	Availability of Funds	<input type="checkbox"/> => 15% of Tender Sum <input type="checkbox"/> Between 10% - 15% of Tender Sum <input type="checkbox"/> Between 0% - 5% of Tender Sum <input type="checkbox"/> 0% of Tender Sum	Return on Equity = Net Profit After Tax / Equity	Inventory Turnover Days = [Average Inventory x 365] / COGS :	Trade Debtors Turnover Days = [Average Trade Debtors x 365] / Revenue :
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4. Human Capital

Competent personnel's work/professional experiences.	1) Name : 2) Age : 3) Nationality : 4) Position : 5) Qualifications : 6) Years of experience : 7) Relevant staff competency certificates, if any.		
Qualified Staff Strength : Total qualified staff MUST have EITHER one of these:	Total number of qualified staff (Please √ tick one)		
1. PHD/Master/Degree/Diploma 2. Competent professional cert from professional bodies (e.g. Suruhanjaya Tenaga and etc.) 3. Sijil Kemahiran Mara	Less than 2	2 - 3 person	More than 3 person

*Please find **Page 2** in the next worksheet

5. Governance, Risk and Compliance

Does your company has Quality Assurance (QA) Department		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide your QA Department Organisation Chart
How many Quality Standards does your company comply with? Kindly provide validation period (Please provide copy of Certificates)				
Standards	Validation Period	Accreditation Body		

Certifications or Business Licenses from Government/ Accredited Bodies (Please provide valid licenses / certificates Eg: CIDB-PKK/DOSH/Majlis Perbandaran/MoF)		
Certification/Licences	Validation Period	Accreditation Body

Is your company a SST (Sales & Services Tax) Registrant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes ; please choose type of tax :	<input type="checkbox"/> Sales tax	<input type="checkbox"/> Service Tax
Does your company meets ISO14000 environmental standards?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, which environmental standards does your company comply with? _____		
Does your company comply with AS6174 standard (Counterfeit Material; Assuring Acquisition of Authentic and Conforming Material)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	A compulsory requirement for aerospace production-related item only. If you have AS9100D standard & above, please choose Yes.		
Does your company breached any Occupational Safety & Health (OSHA) Act (1994) or FMA (1967) or Petroleum Act (1984) in the last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does your company breached any Department of Environment's Gazette or Laws in the last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does your company familiar with LEAN Manufacturing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does your company maintain RISK register for risk management?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide a copy		

6. Miscellaneous

Has your business been operating under a different name before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach SSM Form 13/Company Notice of Registration
Are you aware of any relatives or business associates of your management Team that are currently under the employment of DRB-HICOM Group of Companies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify name and designation :
Are there any pending litigations against your company and any litigations against DRB HICOM Group (e.g. patent rights' infringement, winding up petition)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Having business with CTRM Group of Companies on similar projects?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please specify ; Nature of Supply: Company dealt with : Yearly contract amount :				

I/We hereby certify that all the information provided above is true and accurate.

Company Name : _____	<p>COMPLIANCE WITH THE PERSONAL DATA PROTECTION ACT 2010</p> <p>By executing this document, you indicate and acknowledge that you have read and understood our Privacy Notice and you hereby consent to us processing your personal data in the manner and for the purpose described in the aforesaid Privacy Notice. If you do not agree to or otherwise have any objections to the processing of your personal data or to the terms of the Privacy Notice, please do not proceed with the execution of this document.</p> <p>..... (Authorized signatory) (Witness) Name: Name: Designation: Date: Date:</p> <p>* NOTE : NOT APPLICABLE FOR OVERSEAS SUPPLIER</p>
Company Stamp :	
Signature :	
Name :	
Position :	
Date :	

Supporting Documents Check List Box

<input type="checkbox"/>	Corporate Information from Suruhanjaya Syarikat Malaysia (SSM) - Form 9 or Form 13 (if applicable)
<input type="checkbox"/>	Corporate Information from SSM - Form 24/Section 78/51 and Form 49/Section 58
<input type="checkbox"/>	Company Profile & Organisation Chart (Indicate positions with personnel's names)
<input type="checkbox"/>	Audited Account for Private Limited (Balance Sheet & Income Statement & Letter of Independent Auditor Report)
<input type="checkbox"/>	Profit & Loss and Balance Sheet for <u>Sole Proprietorship / Partnership</u>
<input type="checkbox"/>	Accredited Certification/Standards (Quality/Safety and etc.)
<input type="checkbox"/>	Business License from Majlis Perbandaran, Authorized Certification of Sole Agency, Distributor (If any)
<input type="checkbox"/>	Certificate of SST Registrant by Royal Customs of Malaysia (if applicable)
<input type="checkbox"/>	Certificate of Registration, Ministry of Finance Malaysia (if any)