



IAV BUILDERS SDN BHD
(Company No. 767515-W)

**SUBCONTRACTOR / SUPPLIER
REGISTRATION AND EVALUATION FORM**

SUBCONTRACTOR

Company Stamping

SUPPLIER

Company Stamping

IAV Builders Sdn. Bhd.
180-3-5 Wisma Mahkota,
Jalan Mahkota, Taman Maluri, Cheras
55100 Kuala Lumpur
Tel: (603) 9283 3009 Fax: (603) 9283 9593



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SUB-CONTRACTOR / SUPPLIER REGISTRATION & EVALUATION

Part I: COMPANY INFORMATION

1. Company Name: _____
2. Mailing Address: _____

3. Contact Numbers: Tel.: _____ Fax: _____ E-Mail: _____
4. Contact Person: _____ Handphone : _____

5. SERVICES / GOODS OFFERED: (please tick whichever applicable)

Sub-Contractor

Sub-Contractor

Supplier

Agent Distributor Marketing Sole Distributor
 Dealer Manufacturer Retailer Trader

Type of Material/Goods/Service (Trade): _____

No. of Year in Business: _____ Year(s)

Note: Include catalogue/brochures/materials/services offered (Yes / No)

6. TYPE OF COMPANY: (please tick whichever applicable)

Sole Proprietor Partnership Others (please specify): _____
 Private Limited Subsidiary _____

ROC/ROB No.: _____

7. HUMAN RESOURCE:

Total No. of Staff	:	No. of Technical	:
No. of Operation / Production	:	No. of S & H Officer	:
No. of Quality Control staff	:	Others	:

8. BUMIPUTRA STATUS: (please tick whichever applicable)

Bumiputra Non-Bumiputra



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9. FINANCIAL DATA:

Authorised Capital	:		:	
Paid-up Capital	:		Past 3 years turnover	:
Working Capital	:			:
Banker name and credit facilities	:			
Total Assets	:			

10. LICENCING / REGISTRATION AUTHORITY: (please tick whichever applicable)

PKK (Grade:)	<input type="checkbox"/>	TNB	<input type="checkbox"/>	Jabatan Bomba	<input type="checkbox"/>
CIDB (Grade:)	<input type="checkbox"/>	JKR	<input type="checkbox"/>	SIRIM	<input type="checkbox"/>
MOF	<input type="checkbox"/>	PAM	<input type="checkbox"/>	Others (specify)	<input type="checkbox"/>

11. CAPACITY:

Total floor area: _____

Warehouse/Production Area: _____ Location: _____

Owned / Leased: Yes / No

Transportation: Owned / Sub-contracted

12. MAJOR SUPPLIERS:

A.	
B.	
C.	

13. EXPERIENCE / PROJECT TRACK RECORDS:

Project Name :	Contract Value :
Client :	Contract Period :
Project Name :	Contract Value :
Client :	Contract Period :
Project Name :	Contract Value :
Client :	Contract Period :



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14. LIST OF CURRENT PROJECT(S):-

No.	On-going project(s) name	Completion date

15. NO. OF WORKDAYS / WEEK AND SHIFTS / DAY:

No. of Workdays / Week : _____

No. of Shifts / Day : _____

Other Capabilities Available : _____

16. LEADTIME FOR INITIAL / REPEAT ORDER:

Leadtime for Initial Order : _____ Weeks ARO (from order received to delivery of material)

Leadtime for Repeat Order: _____ weeks / Days

17. ATTACHMENT (Please attach relevant certificate(s))

- Organisation Chart Key Personnel's CV Form 24
 List of Plant Equipment & Machinery Form 49
 Occupational Safety & Health Organisation Chart



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18. QUALITY MANAGEMENT SYSTEM:

ISO9001 certified Yes / No

If yes, name of Standards: _____
Name of Certification party: _____
Name of Management Representative: _____

If no, do you plan to achieve ISO9001 Quality Management certification in future Yes / No
If yes, by when?: _____

Do you have a system for Test, Inspection and Delivery process? Yes / No
Do you have a system to control Non-Conforming materials / works? Yes / No
Do you carry out servicing & maintenance on plants and machineries? Yes / No

19. OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEM:

OSHAS18001 certified Yes / No

Does the company have an OSH Policy statement? Yes / No
Does the company have an appointed Safety & Health Officer? Yes / No
Does the company provide PPE to workers / employees? Yes / No
Does the company have Safe work procedures Yes / No

If none of the above is available in your company, does your workers attend safety trainings and possess CIDB card? Yes / No

I, the undersigned, confirmed that all particulars stated herein are precise, true and to the best of my/our knowledge.

Authorised Signature :	Company Chop :
Full Name :	
Designation :	
Date :	



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Part II: ASSESSMENT BY AUTHORIZED PERSONNEL

- 1. Can the Sub-Contractor/Supplier provide good service? **Yes / No**
- 2. Can the Sub-Contractor/Supplier meet the company's requirements? **Yes / No**
- 3. Do other Clients recommend the Sub-Contractor/Supplier? **Yes / No**
- 4. Is the Sub-Contractor/Supplier's past experience acceptable? **Yes / No**
- 5. Remarks/Recommendations:

Assessed by :

Name:

Position:

Date:

Part III: APPROVAL FOR REGISTRATION ON APPROVED SUB-CONTRACTOR / SUPPLIER LIST

- A Approved
- CA Conditional Approved (list condition that needs improvement)
- NA Not Approved

Remarks:

General Manager

Date: