



MMD SUPPLIER REGISTRATION

(All Information must be filled by supplier / contractors)

Supplier Code:

A. COMPANY INFORMATION
****(Mandatory to fill up)****

1. Company Name					
2. Company Registration					
3. Incorporation Date					
4. Incorporation Place					
5. Type of Company (Please tick where applicable)	Berhad		Sdn Bhd		Partnership
	Sole Proprietorship		Private Limited Co		Others
6. Authorized Capital			Paid Up Capital		
7. Correspondence Address					
			Postcode		
8. Telephone Number					
9. Fax Number					
10. Authorized Contact Person					
11. Designation					
12. Hand phone Number					
13. E-mail Address					
14. Web Site Address					



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B. SHAREHOLDING INFORMATION

1. Equity participation

Bumiputera: _____%	Non-Bumiputera: _____%	Foreigner: _____%
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2. Total Work Force

Job Category	No of Staffs
a. Management / Administration	
b. Technical / Engineering	
c. Marketing / Sales	
d. Others	
Total Work Force :	

D. FINANCIAL INFORMATION

1. Names of Main Bankers and Branch:

Account No:

2. Standard Terms of Payment:



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C. BUSINESS DETAILS (Please Tick [] where applicable)

1. Biomedical Equipment

Equipment / Spare Parts: Services:

No	Biomedical Equipment	Manufacturer / Principal	Brand / Model	Supplier Status			
				1	2	3	4
1							
2							
3							
4							
5							
7							
8							
9							
10							
11							
12							
13							
14							
15							



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D. DECLARATION

The undersigned certifies that, to the best of his or her knowledge, all information contained in this Supplier Registration Form and in the accompanying statements and documents is true, complete, and correct.

Signature : _____
Date : _____
Name : _____
Position : _____

Company Stamp:

KINDLY ENCLOSE THE FOLLOWING DOCUMENTS (WHERE APPLICABLE) FOR VERIFICATION:

No	Types of Document	Please Tick [✓] (where applicable)
1	Company Profile together with Trade Reference and Catalogue.	
2	Company Registration Documents (SSM or Form 9)	
3	Ministry of Finance (MOF) Registration	
4	Ministry of Finance (MOF) Bumiputera Company Status	
5	Agency Letter / Agreement from Manufacturers/Principals	
6	Financial Statement (such as Management Account or Audited Report or Latest 3 Months Bank Statement).	



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State Office / Department Use (Internal Office Use Only)			
Recommended by:		Remarks:	
..... State & Zone Manager / Department Manager			
Name & Stamp:			
Date			
MMD Verification			
Received Date:			
Evaluated & Verified by:		Remarks:	
Name & Stamp :			
Date :			
Approval			
Received Date:			
Supplier Type : Trade Creditors		Non-Trade Creditors	
Verified by:		Approved by :	
..... Finance Manager / VP Finance	 CEO	
Date :		Date :	
Remarks:		Remarks:	