

MMD SUPPLIER REGISTRATION FORM



(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	Berhad		Sdn Bhd		Partnership
(Please tick where applicable)	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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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.	<input type="checkbox"/>
2	Company Registration Documents (SSM or Form 9)	<input type="checkbox"/>
3	Ministry of Finance (MOF) Registration	<input type="checkbox"/>
4	Ministry of Finance (MOF) Bumiputera Company Status	<input type="checkbox"/>
5	Agency Letter / Agreement from Manufacturers/Principals	<input type="checkbox"/>
6	Financial Statement (such as Management Account or Audited Report or Latest 3 Months Bank Statement).	<input type="checkbox"/>

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State Office / Department Use (Internal Office Use Only)

Recommended by:

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State & Zone Manager / Department Manager

Name & Stamp:

Date:

Remarks:

MMD Verification

Received Date:

Evaluated & Verified by:

Name & Stamp:

Date:

Remarks:

Approval

Received Date:

Supplier Type : Trade Creditors

☐

Non-Trade Creditors

☐

Verified by:

.....
Finance Manager / VP Finance

Date:

Approved by :

.....
CEO

Date:

Remarks:

Remarks: