



**NUR**  
power

reliable  
quality  
energy

Dear Sir / Madame,

**SUBJECT: VENDOR PRE-QUALIFICATION (PRE-Q)- NEW & EXISTING VENDORS**

Attached is Vendor Pre-Qualification Form for you to fill up and courier together with the certified true copies of the attachments to the undersigned within 14 working days upon receipt of this form. The PRE-Q exercise is compulsory to any new supplier/vendor and will be re-issued for every 3 years to update the information to active supplier / vendor.

We would like to stress that the following documents are pre- approval requisite of your application:

1. Vendor Pre-Qualification Form
2. Certified Copy of Registration of Company Certificates (Form 9 / Form 13 / SSM )
3. Certified Copy of Articles of Association
4. Certified Copy of Form 24 & Form 49
5. Certified Copy of Manufacturing License/MIDA Letter/ Sijil Perintis ( if applicable )
6. Company Organization Chart
7. Certified Copt of Audited Accounts for the last 3 years
8. Certified copy of Bank Statement for the Last 3 months
9. Copy of Bumiputera Status Company for MOF/PKK (Bumi company only)
10. Copy of (SST) Registration Certificate
11. Vendor's Work Experience
12. Copy of Company Profile

Should you have any queries, please do not hesitate to contact Procurement Department at ext 244 or 247

Thank you.

Procurement Department

**Submission of these supporting documents is compulsory. NUR reserves the right to reject any application if the supporting documents are not accurate or company not consistent with the NUR's requirements.**

<p><b>NUR POWER SDN BHD</b></p>	<p><b>VENDOR PRE-QUALIFICATION FORM</b></p>	<p>Document No : PRC-009 Revision : 0 Effective Date : 1 JUNE 2015</p>	<p><b>PROCUREMENT</b></p>
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**VENDOR PREQUALIFICATION FORM**

**A: COMPANY PARTICULARS**

1. **BUSINESS NAME**

2. **DATE OF INCORPORATION**

3. **PLACE OF INCORPORATION**

*(A certified true copy of Certificate of Incorporation and Article of Association and Manufacturing License must be enclosed)*

4. **BUSINESS REGISTRATION NO.**

*(A certified true copy of Registration of Company Certification must be enclosed)*

5. **BUSINESS CATEGORY**

Public Listed       Private Company       Partnership       Sole Proprietorship

6. **NATURE OF SUPPLY/SERVICE**

*(Eg: M&E, Civil Construction, Consultant & etc)*

7. **OWNERSHIP STATUS**

% Foreign      % Bumiputera      % Non-Bumiputera

*(A copy of Bumi Status from MOF/PKK)*

8. **REGISTERED BUSINESS ADDRESS**

Street/House No.

Postal Code

City

State/Region

Country

9. **CORRESPONDENCE ADDRESS**

Street/House No.

Postal Code

City

State/Region

Country

10. **CONTACT INFORMATION**

Telephone

Fax

Email

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**B: ORGANISATION AND EMPLOYMENT STRUCTURE**

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**1. PRINCIPAL OWNERS/SHAREHOLDERS**

*(A certified true copy of Form 24 must be enclosed)*

**2. BOARD OF DIRECTORS**

*(A certified true copy of Form 49 must be enclosed)*

**3. CURRENT EMPLOYMENT STRUCTURE**

*(A copy of Organisation Chart must be enclosed)*

**4. KEY PERSONNEL**

No.	Name	Designation	Qualification	Contact No.
1				
2				
3				
4				
5				

**5. LIAISON OFFICERS**

No.	Name	Designation	Qualification	Contact No.
1				
2				
3				
4				
5				

**6. DIRECTOR RELATIONSHIP**

Is the company related to any companies and/or Directors or person connected to the Directors of NUR Power Sdn Bhd or any of its subsidiaries?

If yes, please give details. (Name of the company/ies and/or the Director/s)

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**C: FINANCIAL INFORMATION**

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**1. CAPITAL STRUCTURE**

	<u>Amount</u>	<u>Currency</u>
1.2 Authorized Capital	<input type="text"/>	<input type="text"/>
1.3 Paid Up Capital	<input type="text"/>	<input type="text"/>

**2. AUDITED ACCOUNT**

*(Certified true copy of Audited Accounts for the last 3 years must be enclosed)*

	<u>Year</u>	<u>Amount</u>	<u>Currency</u>
2.1 Net Profit/(Loss) Last 3 years	20	<input type="text"/>	<input type="text"/>
	20	<input type="text"/>	<input type="text"/>
	20	<input type="text"/>	<input type="text"/>
2.2 Annual Turnover Last 3 years	20	<input type="text"/>	<input type="text"/>
	20	<input type="text"/>	<input type="text"/>
	20	<input type="text"/>	<input type="text"/>

**3. BANKING FACILITIES**

*(A certified copy of Bank Statement for the last 3 months must be enclosed)*

No.	Bank Name	Account Number	Type of Facilities	Balance/Amount
1				
2				
3				

**4. BANK INFORMATION**

*(For online payment method)*

1	Bank Name	
2	Bank Account No	
3	Bank Account Holder Name	
4	Bank Swift Code/Country Key Code	

**5. GOODS & SERVICES TAX (GST) NO.**

*(A copy of GST registration certificate from RMCD must be enclosed)*

**6. INSURANCE COVERAGE**

*(Insurance coverage which related to the services to NUR eg: all risk, product liability, workers insurance etc)*

No.	Insurer Company	Type of Insurance Coverage	Insured Amount
1			
2			
3			

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**D: MANAGEMENT SYSTEM INFORMATION (QUALITY, SAFETY & ENVIRONMENT)**

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**1. QUALITY MANAGEMENT SYSTEM CERTIFICATION** (Please tick "X")

YES

NO

**2. IF YES, PLEASE INDICATE WHICH MANAGEMENT SYSTEM**

ISO 9001

OHSAS 18001

ISO 14001

OTHERS, PLEASE SPECIFY \_\_\_\_\_

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**E: BUSINESS EXPERIENCE AND OTHER RELEVANT INFORMATION**

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*(If area is not sufficient, please provide attachment)*

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**F: DECLARATION**

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We confirm that the information above is true and accurate and if part or any of it is found to be untrue, you have the right to deregister our company and thereafter we will not be allowed to participate in any of your projects, current or proposed. We also understand and accept that you have the absolute right to reclassify our company in accordance with your classification index and that for these purpose we agree to provide you with all duly audited financial statements and relevant statutory reports as you may require and allow officers of your company to visit our sites/offices.

**Date**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Designation**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Company Stamp**

**QUALIFICATION OF SUPPLIERS AND CONTRACTORS;  
ENVIRONMENTAL AWARENESS AND COMPLIANCE QUESTIONNAIRE.**

Name of Supplier/Contractor:	
Address:	
Contact:	
Products / Services provided:	

Dear Sir/Madam,

There is an Environmental Management System in operation at KHTP-IPU. As part of this system we are assessing the Environmental Awareness and Compliance of our suppliers and contractors. You are therefore requested to fill out this questionnaire and return the completed form to .....

**PART A INFORMATION ON ENVIRONMENTAL AWARENESS**

1. Have you got an Environmental Management System in place in your organisation, which has the object to protect and conserve the environment in the interests of sustainable development?	
2. If so, is it registered with an accredited assessor? Provide name of the assessor and your registration no.	
3. Does your organisation have a written environmental policy? (if yes, please append a copy when returning this form.)	
4. Have you identified all the environmental aspects of your products and services? (If so, please give details including Material Safety Data sheets for chemicals where appropriate.)	
5. Do you have corrective / preventive action procedures to deal with environment related complaints, non-conformances and incidents?	
6. Do you have Emergency Plans for dealing with environmental incidents?	
7. Please attach list of any other actions your organisation takes with the object of environmental conservation, protection or improvement:	

**PART B INFORMATION ON ENVIRONMENTAL COMPLIANCE**

8. Do you comply with all environment related statutory requirements?	
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9. Are all relevant permits and licences in date and valid?	
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*Please attach your Company Profile for reference*

**Completed By:**

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

Company Chop / Stamp:

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

Position: \_\_\_\_\_

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

**FOR OFFICE USE:**

**Recommended by:**

**Signed:** \_\_\_\_\_

**Name:**

**Date:**

**Approved by:**

**Signed:** \_\_\_\_\_

**Name:**

**Date of Approval:** \_\_\_\_\_