

VENDOR REGISTRATION FORM

Please Complete in full Information

Section 1: Company Contact Details and General Information					
1	Name of Company				
2	Company Legal Address	Buidling Name	City	Postal Code	
				Country	
3	Mailing Address and P.O. Box <i>(If Different to point 2 above)</i>				
4	Telephone Number				
5	Fax Number				
6	Website		List Supporting Document ** <div style="display: flex; justify-content: space-between;"> <div>Akta Pendirian / Notary Deed*</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Akta Perubahan</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Pengesahan Akta Pendirian (SK Menkum)*</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SIUP / IUT (License Number)*</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SKDP (Domicile Letter)*</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Tax ID Number (NPWP)*</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Others (Mention Doc. Name)</div> <div></div> </div>		
7	7a. Contact Name (for Bids)				
	7b. Contact Title				
	7c. Contact email address				
8	8a. Contact Name <i>(for Contract signature, if different to point 7 above)</i>				
	8b. Contact Title				
	8c. Contact email address				
9	Parent Company, if any (full legal name)				
10	Principal subsidiaries, associates, and/or representative(s), if any				

**Mandatory*

***Supporting Document must be attach along with Form Registration*

Section 2: Company Profile				
1	Type of business (Legal Structure)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Franchise	<input type="checkbox"/> Non-Profit
2	Nature of Business			
3	Year established			
4	Number of full time employees			
5	License number and Country where registered			
6	Tax / VAT ID Number			

Section 3: Financial Information and Experience				
1	Contracts of similar scale/volume during the last three years:			
	Customer Name	Value (IDR)	Year	Goods and Associated Services Provided Country

2	Three (3) customer references:				
	Company Name	Contact Name	Position	Contact email	Contact telephone

Section 4: Technical Capacity and Information on Goods/Services offered	
1	Description of core goods / services offered:
2	Quality Assurance Certification Number, if any
3	Membership of International Trade or Professional Organizations, if any

Section 5: Banking details	
1	Name of Bank
2	Account Number
3	Account Name: <i>Must be in the name of the vendor</i>
4	SWIFT / BIC
5	IBAN

Authorized Representative :

Date:.....