



**REGISTRATION FORM FOR VENDOR / SUB-CONTRACTORS / SUPPLIERS / CONSULTANTS / OTHERS**

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

**A. BACKGROUND**

Name of Company : \_\_\_\_\_

Company Registration No : \_\_\_\_\_

Business Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No : a) \_\_\_\_\_ b) \_\_\_\_\_

Fax No : a) \_\_\_\_\_ b) \_\_\_\_\_

Email Address : a) \_\_\_\_\_ b) \_\_\_\_\_

Contact Person : a) \_\_\_\_\_ H/Phone: \_\_\_\_\_

b) \_\_\_\_\_ H/Phone: \_\_\_\_\_

Type of Company : Partnership/Sdn Bhd  Public Listed

Sole Proprietorships  Association/ GLC

Others  (Please specify)

**B. CHECKLIST 9**

No.	Document required	Please tick /
1.	Company Profile	
2.	MNA, Form 24, 49, 9, 44 and 32A	
3.	License from competent Authority	
4.	Covering letter to Port Klang Free Zone	
5.	Complete VRF (Vendor Registration Form)	

**C. DECLARATION**

I /We hereby declare that the above information and submission is accurate.

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

Designation : \_\_\_\_\_ Company Stamp :

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

\*Complete application form and attachment to be submit to Free Zone Department for further registration process and approval.

\* Certificate of Port Klang Free Zone registered vendor will be issue upon management/committee approval.



