



DIALOG

DIALOG GROUP OF COMPANIES

Dialog Tower

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Selangor Darul Ehsan

Malaysia

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CONTRACTOR REGISTRATION FORM

Company Name : _____

Name : _____ Position : _____

Signature : _____ Date : _____

CONTRACTOR REGISTRATION FORM

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SECTION 1.0 – GENERAL COMPANY INFORMATION

1.1 Name and Address of Head Office

Fully Company Name : _____
 Full Postal Address : _____
 Telephone : _____
 Facsimile No. : _____
 Telex : _____
 E-mail : _____

1.2 Area offices/supporting workshop
 (State location, address of area/branch offices and/or workshop/fabrication facility, if applicable)

1.3 Addressee for any further correspondence or enquiry

Name (printed) : _____
 Position : _____

1.4 Indicate, by placing an `X' in the box provided, Industries served by your Company.

Oil & Gas/upstream	<input type="checkbox"/>
Petroleum Refining/Petrochemical	<input type="checkbox"/>
LPG / LNG	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>
Polymers and Plastics	<input type="checkbox"/>
Environmental	<input type="checkbox"/>
Power Generation	<input type="checkbox"/>
General Industry	<input type="checkbox"/>
Marine/Maritime Logistic	<input type="checkbox"/>

Other (please state)

1.5 Indicate, by placing an `X' in the box provided, disciplines your Company would like to be registered for :

a) Onshore Fabrication & Construction & Support Services

Piling		<input type="checkbox"/>
Civil		<input type="checkbox"/>
Building		<input type="checkbox"/>
Structural Steel Work		<input type="checkbox"/>
Equipment Installation		<input type="checkbox"/>
Heavy lift Installation	< 50 T	<input type="checkbox"/>
	> 50 T	<input type="checkbox"/>
Tank fabrication & erection		<input type="checkbox"/>
Pipe work fabrication & erection		<input type="checkbox"/>
Pipeline Installation		<input type="checkbox"/>
Electrical		<input type="checkbox"/>
Instrumentation		<input type="checkbox"/>
Painting		<input type="checkbox"/>
Insulation		<input type="checkbox"/>
Refractory		<input type="checkbox"/>
Fireproofing		<input type="checkbox"/>
Pipeline Pigging & Drying Services		<input type="checkbox"/>
Pipelines Hydrotest, commission		<input type="checkbox"/>

b) Offshore Structures/Fabrication/Transportation/Marine Services

Fabrication	<input type="checkbox"/>
Installation	<input type="checkbox"/>
Offshore Modules	<input type="checkbox"/>
Hook-up / commissioning	<input type="checkbox"/>
Supply boat / transport	<input type="checkbox"/>
Offshore catering	<input type="checkbox"/>
Accommodation barge	<input type="checkbox"/>
Installation/Maintenance Barge	<input type="checkbox"/>
Others (please state)	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

c) Field Services

Security	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>
NDE Services	<input type="checkbox"/>
PMI Services	<input type="checkbox"/>
Plant maintenance	<input type="checkbox"/>
Chemical Cleaning Services	<input type="checkbox"/>
Others (please state)	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

1.6 Please state in which countries and regions your company has worked over last 10 years

Worldwide

South East Asia / Malaysia

1.7 Please state all Malaysian Government and Petronas Licenses your company holds :-
(Please enclose copies of certificates)

i) a. Petronas License No. _____ Expire Date : _____

b. Petronas Registration No. _____ Expire Date : _____

ii) C.I.D.B. Registration No. _____ Categories : _____ Expire Date : _____

iii) PKK Registration No. _____ Categories : _____ Expire Date : _____

iv) Status (Bumiputra / No-Bumiputra)

a. Petronas License _____

b. Petronas Registration _____

c. PKK _____

v) Other

SECTION 2.0 FINANCIAL AND COMMERCIAL

2.1 Type of company (tick appropriate boxes)

Sole Proprietor Partnership
 Public Ltd (Berhad) Subsidiary Other
 Sdn Bhd

Year company established : _____

Year commenced operations _____

If applicable provide name and address of holding / parent company:

2.2 Give details of any change in ownership in the last 5 years. If none please state 'NONE'.

2.3 Any pending legal litigation cases

Yes No

2.4 Shareholding

Malaysian - Bumiputra : _____

- Non-bumiputra : _____

Foreign : _____

2.5 Authorised Paid-up Capital : _____

Present Paid-up Capital : _____

2.6 Minimum value prepared to tender : _____

Maximum value prepared to tender : _____

Maximum value of bank performance
guarantee available : _____

2.7 Complete the following for the last 3 years for your company (not Group, Parent or Holdings companies).

YEAR	GRASS TURNOVER	NETT PROFIT BEFORE TAX	PROFIT/T URNOVER %	CURRENT ASSETS	CURRENT LIABILITIES

Please provide a copy of your latest company audited accounts.

2.8 Name of key / Executive Board of Directors /Manager

	<u>Name</u>	<u>Position</u>
1.		
2.		
3.		
4.		
5.		

2.9 Person authorized to act on behalf of company

SECTION 3.0 EXPERIENCE AND REFERENCES

- 3.1 DIALOG reserves the right to approach those names to seek a performance reference and relies on you having obtained the necessary consents. Please list related projects undertaken during the past 5 years indicating the project size, type location, etc as listed below.

REFERENCES

Project Title :

Project Location :

Description of your
Work/workslope :

Client Name :

Client Reference/
Telephone contact :

Approximate Value :

Project Duration :

Year Completed :

Peak labour Force :

Project manhours :

3.2 Provide details of current projects : (use separate sheet if necessary)

Project Title & Location	Description of Work	Date of Commencement	Approximate Value (RM)	Forecast Completion Date
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SECTION 4.0 – CAPACITY OF PERFORM

- 4.1 Please indicate, in the table below, the number of Head Office staff of each category employed. Attach a company organogram, highlighting responsibility for Health and Safety Management and that of Quality Assurance.

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TECHNICAL STAFF

Name & IC	Age	Academic /Professional Qualification	Year Graduated	Work experience (Year)	Year Joined this Co.	Current Position	Past experience (Post held, project details, duration of employment)
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Please enclose copies of academic/professional membership certificates.

4.3 Please describe briefly project management computer systems used in the following disciplines:

DESCRIPTION	FACILITIES (Inc. Computer Based Systems)
Planning	
Cost Control	
Estimating	
Engineering Design	
Word Processing	
Communication (eg) (LANS/WANS)	
Others (please specify)	

4.4 Fabrication

Fabrication Shop Manpower over the last 12 months

Supervisors including non-working foremen
 Operatives
 Total overall capacity of productivity manhours
 Productive manhours per month
 Steel production Tonnes/month (ave)

Min	Max

4.5

Site Manpower over the last 12 months

Supervisors including non-working foremen
 Operatives by category :-

Total overall capacity of productive manhours

Min	Max

4.6 Fabrication Capacity
(If you have more fabrication facility, reprint his page and complete for each location)

Location (Town) : _____

Total average (acres) : _____

Covered fabrication area
With shop (m2) : _____

Covered Blast/Paint shop(m2) : _____

Overhead crane
Lifting capacity (t) : _____

Storage area (m2) open : _____

Covered : _____

ASME Certification `U` Stamp

`S` Stamp

4.7 a) Describe your arrangement for selection of Sub-contractors.

b) How do you ensure competences for the work are to carry out? How do you ensure that adequate resources will be provided particularly with regard to health and safety and quality matters?

SECTION 5.0 – RESOURCES MANAGEMENT

5.1 State the major Sites on which you have worked over the last 5 years and any Labour Relations problems you have experienced.

5.2 What is your Company’s usual source of labour?

Current Employees : _____

Former Employees know to the Company : _____

New recruits : _____

Agency Hire personnel : _____

Self-employed personnel : _____

Other (please state) : _____

Catchment Areas : _____

Foreign workers employed :

Indonesian

Bangladesh

Pakistan

Burmese

5.3 List the major Bankers

Total Facility available (RM)

1. _____

2. _____

3. _____

Total _____

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LIST OF PLANT & EQUIPMENT OWNED

No.	Details (Type, model, make & capacity/size)	Ownership Status (e.g. owned, rented etc)	Number	Current Value (RM)	Age	Storage or operating location	Notes
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SECTION 6.0 HEALTH, SAFETY AND ENVIRONMENT

- 6.1 Attach a copy of your Company's written health, Safety and Environment Policy.
- 6.2 Provide the following statistics for the last 3 years, where

$$\text{Accident Frequency Rate (AFR)} = \frac{\text{No Reportable Injuries per year} \times 100,000}{\text{No Manhours Worked}}$$

$$\text{Accident Incidence Rate (AIR)} = \frac{\text{No Reportable Injuries per year}}{\text{No of Employees}} \times 1,000$$

Year	AFR	AIR	N ^o Minor Injuries	N ^o Reportable Injuries	N ^o Fatalities	N ^o Dangerous Occurrences

Do you have the following staff in your employ:-

HSE/Safety Manager	<input style="width: 50px; height: 20px;" type="text"/>	
Safety officers	<input style="width: 50px; height: 20px;" type="text"/>	
Safety supervisors	<input style="width: 50px; height: 20px;" type="text"/>	

SECTION 7.0 QUALITY ASSURANCES

7.1 Certification

Are you approved to ISO 9000 or equivalent standard? YES NO

If `Yes` – submit a copy of your certificate with this Document.

If `No` – are you working towards gaining approval? YES NO

If `Yes` – when do you plan to gain approval?

7.2 Organization

Identify the following personnel and show their reporting functions within your Organization Chart and attach the chart to this Document.

- QA Manager
- QA Engineers
- QC Inspectors

7.3 QA Documentation

7.3.1 Do you have a documented QA Manual ? YES NO

7.3.2 Do you have a documented Company Procedures ? YES NO

7.3.3 If the answer to both question is `No`, the briefly describe how your QA activities are organised

7.4 Document Control

Do you operate a formal system for controlling the Issue of essential documents, e.g. Drawings, specifications, data, etc? YES NO

7.5 Quality Control Plans

Do you use formal Quality Control Plans to identify and list the relevant inspections and test procedure relevant to a specific project? YES NO

If `Yes` – please submit a copy of a typical Plant with this document

If `No` – briefly describe the methods you use to ensure these requirements are met.

7.6 Other Information

Indicate below any other information related to QA which you wish to be considered.

SECTION 8.0 – ADDITIONAL INFORMATION

- 8.1 List below any points you wish to bring to DIALOG attention regarding your organization/capability/experience. Any brochures, literature or additional information would be welcomed in a separate document to this.

- 8.2 Please provide any other relevant information concerning your company and its parent or subsidiaries.
