

VENDOR REGISTRATION FORM

DOC NO. :
 CODE NO. : _____

NAME OF COMPANY : _____

MANAGING DIRECTOR/CEO/DIRECTOR NAME : _____

EMAIL : _____

CONTACT NO. : _____

PROCUREMENT CONTACT PERSON : _____

EMAIL : _____

CONTACT NO. : _____

COMP. REGISTRATION NO. : _____

COMP. SST NO. : _____

REGISTERED BUSINESS ADDRESS : _____

: _____

: _____

CONTACT NO. : _____

FAX NO. : _____

COMPANY'S WEBSITE & EMAIL : _____

NATURE OF BUSSINESS : _____

BUSSINESS REGISTRATION / CERTIFICATION : PETRONAS REG. NO. : _____ EXPIRY DATE : _____

ISO CERTIFICATION NO : _____ EXPIRY DATE : _____

OTHER CERTIFICATION (PLEASE SPECIFY BELOW)

: _____

: _____

: _____

BUSSINESS STATUS (PLEASE TICK) : CORPORATION

PARTNERSHIP

INDIVIDUAL

TYPE OF OWNERSHIP (PLEASE TICK) : BUMIPUTERA

NON-BUMIPUTERA

BUSSINESS CAPITAL : _____ NUMBER OF STAFF : _____

CHECKLIST FOR ADDITIONAL DOCUMENT REQUIRED UPON REGISTRATION SUBMISSION

(/)

- | | |
|--|--------------------------|
| 1 COMPLETED VENDOR AND / OR 3RD PARTY DEGISTRATION FORM | <input type="checkbox"/> |
| 2 LATEST COMPANY PROFILE ANDORGANIZATION CHART | <input type="checkbox"/> |
| 3 CERTIFIED COPY OF PETRONAS LICENCE AND OTHER RELEVANT LICENCES OR CERTIFICATES | <input type="checkbox"/> |
| 4 LIST OF PROJECTS SUPPLIED AND EXPERIENCES | <input type="checkbox"/> |
| 5 LIST OF FABRICATION, ASSEMBLY AND/OR MANUFACTURING LOCATIONS LOCALLY AND INTERNATIONALLY | <input type="checkbox"/> |



I, _____ hereby declare to the best of my knowledge and belief that all particulars furnished under this form are true and accurate. I also authorised MIE Offshore Solutions Sdn Bhd and its representatives and assigns to undertake further investigation if so desired. I also agree that all incorrect information stipulated in this form may render our business dealing invalid in the future.

Name : _____
IC/Passport No. : _____
Designation : _____
Signature & Company Stamp : _____

FOR OFFICE USE ONLY

Has this company provide service or goods to MIE Offshore Solutions before? Yes No

If so, when and what type of service or products?

Received by : _____ Date : _____
Approved by : _____ Date : _____



MAJU INTEGRATED ENGINEERS SDN BHD (491172-T)

VENDOR SERVICES CHECKLIST

COMPANY NAME :

VENDOR CODE :

PIC NAME :

EMAIL :

CONTACT NO. :

PIPELINE

NO.	NAME OF STUDY	YES/NO	REMARKS
1	PIPE STRESS ANALYSIS		
2	SURGE ANALYSIS		
3	PIPELINE ENGINEERING		
4	PIPELINE INTEGRITY FITNESS ASSESSMENT		
5	COMPUTATIONAL FLUID DYNAMICS (CFD)		
6	FLOW ASSURANCE		
7	PIPING MATERIAL CLASS SPECIFICATION		
8	PIPELINE QUANTITATIVE RISK ASSESSMENT (PQRA)		
9	PIPELINE TRANSIENT STUDIES		

SAFETY STUDY

NO.	NAME OF STUDY	YES/NO	REMARKS
1	SAFETY INTEGRITY LEVEL (SIL STUDY) / IPF		
2	HSE & FIRE SAFETY DESIGN PHILOSOPHY		
3	ERP		
4	RAM STUDY		
5	HAZOP		
6	HAZID / BOW TIE		
7	FIRE & EXPLOSION RISK ASSESSMENT (FERA)		
8	FIRE & EXPLOSION ANALYSIS (FEA)		
9	FIRE & BLAST IMPACT RESISTANCE ANALYSIS		
10	QUANTITATIVE RISK ASSESSMENT (QRA)		
11	ESCAPE, EVACUATION & RESCUE ANALYSIS (EERA)		
12	F&G MAPPING		
13	CONSTRUCTABILITY REVIEW		
14	EMERGENCY SYSTEM SURVIVABILITY ANALYSIS (ESSA)		
15	THERMAL RADIATION, GAS DISPERSION PLUME STUDY		
16	TEMPORARY REFUGE IMPAIRMENT ANALYSIS (TRIA)		
17	NOISE STUDY (NOISE MAPPING)		
18	HUMAN FACTOR ENGINEERING (HFE) STUDY		
19	VALVE CRITICAL ANALYSIS (VCA)		
20	DROPPED OBJECT STUDY		
21	SMOKE & GAS INGRESS ANALYSIS (SGIA)		
22	DESIGN HSE CASE SAFETY CRITICAL ELEMENT &		
23	AIV, FIV (NOISE/VIBRATION STUDY)		
24	DESIGN PERFORMANCE STANDARD		
25	FIRE WATER DEMAND AND HYDRAULIC STUDY		
26	OPERATION HSE CASE		
27	OPERATION & MAINTENANCE PHILOSOPHY & MANNING LEVEL STUDY		

VENDOR SERVICES CHECKLIST

NO.	NAME OF STUDY	YES/NO	REMARKS
28	ELECTRICAL SAFETY & OPERABILITY REVIEW (ELSOR)		
29	ASSET INTEGRITY STUDY		
30	H2S AREA CLASIFICATION		
31	ELECTRICAL POWER SYSTEM ANALYSIS (ETAP)		
32	SAFETY & RISK INTEGRITY STUDY		
33	SAFOP, EHOP (SYSOP, SAFAN, OPTAN)		
34	QUANTITATIVE RISK ASSESSMENT (QRA)		
35	HEAT MANAGEMENT STUDY		
ENVIRONMENT			
NO.	NAME OF STUDY	YES/NO	REMARKS
1	ENVIRONMENT SITE ASSESSMENT (ESA)		
2	GROUND MONITORING EVENT (GME)		
3	ENVIRONMENT IMPACT ASSESSMENT (EIA)		
4	ENVIRONMENT CONSULTANCY, ECA, EMP, ESIA, EBS		
5	SAMPLING & LAB TESTING		
6	WATER / EFFLUENT TREATMENT SYSTEM		
CIVIL / STRUCTURAL			
NO.	NAME OF STUDY	YES/NO	REMARKS
1	TOPOGRAPHY SURVEY		
2	UNDERGROUND MAPPING SURVEY		
3	SOIL INVESTIGATION		
4	ARCHITECTURAL SERVICE		
5	TOPSIDE DYNAMIC SIMULATION		
6	JACKET, DEEPWATER / JACKER FLOATER ENG.		
7	FLOATOVER INSTALLATION		
8	BOCAD (OPERATOR & SOFTWARE)		
9	FINITE ELEMENT ANALYSIS (FEA)		
MECHANICAL			
NO.	NAME OF STUDY	YES/NO	REMARKS
1	3D LASER SCANNING		
2	DIMENSIONAL CHECK SURVEY		
3	HVAC		
4	CORROSION DESIGN BASIS MEMORANDUM (CDBM)		
5	CORROSION ENG., MATERIAL SELECTION STUDY		
6	MECHANICAL INTEGRITY		
7	CATHODIC PROTECTION ENGINEERING		



MAJU INTEGRATED ENGINEERS SDN BHD (491172-T)

VENDOR SERVICES CHECKLIST

MARINE

NO.	NAME OF STUDY	YES/NO	REMARKS
1	NAVAL ARCHITECT		
2	SEISMIC & GEOPHYSICAL SURVEY		
3	MARINE STUDY, SUBSEA CABLE		
4	MARINE ENGINEERING		
5	MOORING SYSTEM / ANALYSIS		
6	SUBSEA HOSE, UMBILICAL RISER		
7	FIRE FIGHTING SYSTEM		
8	METOCEAN STUDY		

COST ESTIMATION

NO.	NAME OF STUDY	YES/NO	REMARKS
1	COST ESTIMATING (CAPEX OPEX)		
2	VALUE ENGINEERING		

THIRD PARTY

NO.	NAME OF STUDY	YES/NO	REMARKS
1	CLASSIFICATION		
2	CERTIFICATION		
3	INSPECTION		
4	AUDITING		

OTHERS (PLEASE STATE)

NO.	NAME OF STUDY	YES/NO	REMARKS
1	ELECTRICAL DOCUMENTATION MANAGEMENT SYSTEM (EDMS)		
2			
3			
4			

Name :
 Designation :
 Signature & Company Stamp :



**MAJU INTEGRATED ENGINEERS SDN. BHD.
(491172-T)**

VENDOR QUESTIONNAIRE

PART 1 VENDOR INFORMATION

1 NAME OF COMPANY : _____

BUSINESS REGISTRATION # : _____

SST REGISTRATION NO. : _____

SST GROUP : _____

TAXABLE SERVICE : 1) _____

2) _____

3) _____

2 REGISTERED ADDRESS : _____

3 BUSINESS ADDRESS : _____

TELEPHONE NUMBER : _____

FAX NUMBER : _____

E-MAIL ADDRESS : _____

CONTACT PERSON : _____

TITLE : _____

OTHER BRANCHES : _____

4 TYPE OF COMPANY

_____ Corporation _____ Private

_____ Partnership _____ Proprietorship

5 NATURE OF BUSINESS

_____ Manufacture _____ Engineering

_____ Manufacturer's Reps. / Agent _____ Marine Spread

_____ Fabricator _____ Inspection / NDT

_____ Construction Contractor (Onshore) _____ Other

_____ Hook Up & Commissioning (Offshore)

_____ Transportation / Logistic

_____ Distribution

IF "OTHER" PLEASE SPECIFY :

PART 1 VENDOR INFORMATION (CONT'D)

6 DATE BUSINESS FOUNDED : _____
(DAY / MONTH / YEAR)

7 UNDER PRESENT MANAGEMENT SINCE : _____
(DAY / MONTH / YEAR)

8 A) PAID UP CAPITAL : RM _____

B) AUTHORISED CAPITAL : RM _____

C) WORKING CAPITAL : RM _____

D) ANNUAL TURNOVER : LAST FYE : RM _____

LAST 2 FYE : RM _____

LAST 3 FYE : RM _____

9 BANK FACILITIES (BANKS / FINANCIAL INSTITUTIONS / SME CORPS / MIDF / ETC.)

TYPE OF FACILITY : _____

BANK / INSTITUTION : _____

AMOUNT : _____

10 EQUITY PARTICIPATION (Directors of the Company)

A) % held by Bumiputera : _____ %

B) % held by Non-Bumiputera : _____ %

C) % held by Others : _____ %

11 DIRECTORS OF THE COMPANY

A) Chairman : _____

B) Directors : 1) _____

2) _____

3) _____

12 TO PROVIDE A COPY OF TRADING LICENSE & FORM 49

13 EMPLOYEE BREAKDOWN

	Bumiputera	Non-Bumiputra	Expat	Total
A) Management Staff	: _____	_____	_____	_____
B) Technical Staff	: _____	_____	_____	_____
C) Non-Technical	: _____	_____	_____	_____
D) Administrative	: _____	_____	_____	_____

Total Staff : _____

PART 1 VENDOR INFORMATION (CONT'D)

14 DETAILS OF PETRONAS LICENSE

- A) Petronas License No. : _____
- Validity : _____
- Categories : _____

- B) Vendor Development Programme No. : _____
- Validity : _____
- Categories : _____

NOTE: VENDORS TO SUBMIT A COPY OF PETRONAS LICENSE / REGISTRATION

15 AGENCY

(To provide letter of Appointment & Catalogue)

16 BANKERS

- BANK NAME : _____
- BRANCH / ADDRESS : _____
- ACCOUNT NO. : _____

17 CREDITED TO ANY INTERNATIONAL STANDARD

- A) Quality Management in place Yes / No If Yes : _____
Please state Accreditation
- B) Safety Management Accredited Yes / No If Yes : _____
Please state Accreditation

18 TO PROVIDE EXPERIENCE LIST (PAST 3 YEARS) WITH MINIMUM INFORMATION OF; 1) YEAR, 2) CLIENT, 3) PROJECT NAME, 4) SCOPE

THE ABOVE PART 1 OF THIS QUESTIONNAIRE IS CERTIFIED CORRECT BY:

(AUTHORISED SIGNATURE)

NAME : _____

DESIGNATION : _____

COMPANY NAME, ADDRESS & STAMP:

DATE : _____