



NEW EXTERNAL PROVIDER APPLICATION (NEPA)

SAINS/UPK/BRG/011
Rev. 0

TO BE FILLED BY EXTERNAL PROVIDER

Company Name		Company Registration No :
Company Address		GST Registration No :
Product Range / Services Offered :	Payment Terms :	Date Of Incorporation :
Contact person :	Phone : Fax : Email :	Nature Of Business :
Kindly submit the following documents :		Incorporation Status :
<input type="checkbox"/> Company profile		<input type="checkbox"/> Supply
<input type="checkbox"/> Form 9 / Form 24 / Form 49 / Form D		<input type="checkbox"/> Servicess
<input type="checkbox"/> Bank Statement (Front page showing account number)		<input type="checkbox"/> Others :
		<input type="checkbox"/> Sole proprietor
		<input type="checkbox"/> Partnership
		<input type="checkbox"/> Private limited
		<input type="checkbox"/> Public company

Others (if applicable)

<input type="checkbox"/> MOF registration	<input type="checkbox"/> Local Authority Licence
<input type="checkbox"/> CIDB registration	<input type="checkbox"/> ISO 9001 certificate
<input type="checkbox"/> SPAN registration	<input type="checkbox"/> ISO 17025 certificate
<input type="checkbox"/> SPAN licence / Permit	<input type="checkbox"/> Professional Qualification
<input type="checkbox"/> Suruhanjaya Tenaga Registration	
<input type="checkbox"/> Pesticide Board of Malaysia License (for pest control)	
<input type="checkbox"/> Kementerian Dalam Negeri / Persatuan Perkhidmatan Kawalan Keselamatan Malaysia (for security services)	
<input type="checkbox"/> _____	

Sign by :

Name :
Designation :
Date :

TO BE FILLED BY SAINS (Department / Unit / District)

NEPA No.
Date Issue :

Update by :

Name :
Date :