



Vendor Registration Form

REQUEST FOR PROPOSAL FOR THE APPOINTMENT OF A THIRD-PARTY ADMINISTRATOR TO ADMINISTER AND MANAGE SECURITIES COMMISSION MALAYSIA'S MEDICAL BENEFITS

1	Registered Business Name:	
2	Registered Company Number (ROC Number):	
3	Registered Business Address:	
4	Current Address: (if different from Registered Business Address)	
5	Telephone No.:	
6	Email:	
7	Incorporated Date:	
8	Paid-Up Capital:	
9	Nature of Business:	
10	Years in Business:	
11	Directors / executive management: (Name and position)	
12	Major Shareholders: (Name)	
13	Total Number of Staff:	



14	<p>Client Sites:</p> <p>Note: At least three (3) reference sites</p> <p><i>To furnish with Customer Name, Person to Contact and Position, Telephone Contact Number and Email</i></p> <table border="1"> <thead> <tr> <th>Client Name</th> <th>Contact Person</th> <th>Position</th> <th>Contact Number</th> <th>Email</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Client Name	Contact Person	Position	Contact Number	Email															
Client Name	Contact Person	Position	Contact Number	Email																	
15	<p>Company Representative:</p> <p><i>Person who is authorised to represent the tenderer.</i></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Position</th> <th>Contact Number</th> <th>Email</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Position	Contact Number	Email																
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16	<p>List of panel medical providers by service types (GP, Specialist, Hospital, Dental, Mental Practitioner, Physiotherapy & Rehabilitation Centre, Dialysis Centre etc) and location (Klang Valley, Selangor, Negeri Sembilan, Pahang, Melaka, Kuala Terengganu, Kelantan, Johor Bahru, Kuching, Kota Kinabalu and others)</p>																				

Pre-Qualification Requirements Checklist (As per Tender Advertisement)

No	Description	Compliance		Remark
		Yes	No	
1	A company locally incorporated and registered in Malaysia (private or public limited).			
2	Minimum of five (5) years' experience as a TPA in the medical benefit/healthcare industry.			Provide company experience
3	Positive financial net worth for the last two (2) audited financial years.			Provide audited financial statements for the last two (2) financial years
4	Minimum paid-up capital of RM100,000.			



5	No pending/concluded litigation, legal proceedings or dispute against the company and/or its directors.			If yes, disclose the details
6	Experience in administering and managing corporate medical benefits for organisations with employee populations comparable to Securities Commission Malaysia.			Provide the experience details
7	No actual, potential or perceived conflict of interest that could compromise the integrity or independence of the engagement.			If yes, disclose the dispute

I/We declare that the particulars provided herein are true and correct.

Signed

In the Capacity of

Duly authorised to sign for and
on behalf of

Date

Company Seal