

VENDOR REGISTRATION FORM



Document ID:	Prepared by:	Approved by:	Revision No.	Revision Date:
CS/PROC/PPP/VRF/2024/008	Group Procurement Department	Head of Procurement	0	-

FOR OFFICE USE ONLY

Vendor's Name:	Supplier Registration Number:
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Registration Guidelines and Terms & Conditions

- Kindly fill out all Sections - A, B, C, D, E, F, and G.
- All Sections should be clearly typed or handwritten.
- Incomplete form and incorrect information will be rejected.
- The completed Vendor Registration Form and the required supporting documents must be submitted to Group Procurement Department by hand or post or email to **vendors@pharmaniaga.com**.
- As required by Malaysian law, Pharmaniaga Berhad (*hereafter referred to as the Company*) and its subsidiaries (*hereafter referred to collectively as the Group*) is committed in protecting your personal data. Please visit [https://pharmaniaga.com/wp-content/uploads/2021/12/PDPA\(Website\).pdf](https://pharmaniaga.com/wp-content/uploads/2021/12/PDPA(Website).pdf) to view our privacy statement and notice pursuant to the Personal Data Protection Act 2010.
- The Company is steadfast in its commitment to fostering a culture of transparency, accountability, and ethical conduct within the Group. As part of our dedication to upholding the highest standards of corporate governance, the Company has implemented a robust whistleblowing policy. Please visit <https://pharmaniaga.com/wp-content/uploads/2023/07/Whistleblowing-Policy-Pharmaniaga-v3KFI-clean.pdf> to view our Whistleblowing Policy.
- Vendors submitting their registration forms are deemed to declare that:
 - Their directors and shareholders are not bankrupt within the past three years.
 - They are not involved in any litigation cases with the Group.
 - They are not involved in any litigation cases which may impact their financial standing going forward.
 - They are not being issued with a show cause / warning / termination / suspension / reprimand letter by the Group in relation to their performance as of the vendor for the past three years.
 - None of the Group has invoked / redeemed their performance security.
 - None of the Group has called their parental guarantee.
- Registration Termination and Suspension:
 - If the company / owner / shareholder / director is involved with any illegal /criminal activities and charged guilty in Malaysian or other countries' court.
 - If the vendor failed to deliver the goods or services ordered by the Group according to specification and in a timely manner.
 - If the vendor is found to have falsified the Vendor Code of Ethics and Vendor Registration Form with the intention to cheat or any other ill intention.
 - If the vendor is found to cooperate with other vendors in price-fixing activities.
- The Company reserves the right to accept or reject any of the applications and the Vendors shall not be reimbursed for whatever expenses or losses incurred during the preparation and submission of the completed registration documents.
- The registration is valid for **three (3) years** upon confirmation of registration. Vendor is required to submit a renewal of registration three (3) months before the expiry of registration. Renewal application received after the expiry date will be considered as a new application.
- This registration does not guarantee Vendors are automatically included in any tender or quotation exercise.
- The Company reserves the rights to amend this Vendor Registration Terms and Conditions without prior notification to the vendor.

PHARMANIAGA BERHAD
Group Procurement Department

No. 7, Lorong Keluli 1B, Kawasan Perindustrian Bukit Raja Selatan
Seksyen 7, 40000 Shah Alam, Selangor, Malaysia
Tel: +60333429999 | Email: vendors@pharmaniaga.com

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SECTION A – COMPANY PARTICULARS

All columns should be properly filled in the space provided for. Wherever it is not applicable, please write "N/A." Incomplete or incorrect forms may not be considered. Please attach separate sheet, if space available is insufficient.

*** Fields marked with an asterisk are mandatory.**

1. Type of Registration* (Please tick "✓" at the applicable box)

☐ New Registration ☐ Renewal of Registration ☐ Update Information

2. Business / Company Name*

:

3. Business / Company Registration No.*

:

4. Holding or Parent Company (If applicable)

:

5. SST Registration No.

:

6. Registered Address*

:

7. Correspondence Address (If differs from above)

:

8. Number of Branch (If any)

:

9. Location of Branch (If any)

:

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10. Office Telephone Number*

:

11. Email Address*

:

12. Company Website

:

13. Company Type*

(Please tick "V" where applicable)

- :
- | | | |
|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Berhad | <input type="checkbox"/> Enterprise | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Sdn Bhd | <input type="checkbox"/> Partnership | <input type="checkbox"/> Foreign |

14. Date of Incorporation*

:

15. Nature of business*

(Please tick "V" where applicable)

- :
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Sole Distributor | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Dealer |
| <input type="checkbox"/> Trader | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Other (Please specify): | |

If you tick "Agent," "Dealer" or "Distributor," please provide proof or certificate(s) from your manufacturer(s) that you are authorized to offer their products.

16. List of goods / services offered* (Please attach extra sheet if necessary)

:

1.
2.
3.
4.
5.

17. Certificate/License/Award

- Please attach the photocopy of the ISO Certification, other relevant Certificate / Licences / Award
- Please attach extra sheet if necessary

Certificate / License / Award	Date of Cert. Received	Expiry Date

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Shareholder and Board of Directors Details

18. Status* ☐ Bumiputera ☐ Non-Bumiputera ☐ Foreign

19. Shareholder* : % Malaysian % Foreign

20. Bumiputera Status : % Bumiputera % Non-Bumiputera

21. Details of Sole Proprietor / Partner / Shareholder*
- Please attach relevant forms where applicable
- Please attach extra sheet if necessary

Name	NRIC/Passport No.	Amount (RM)	Percentage

22. Details of Board of Directors
- Member of Board (Sdn Bhd or Berhad)
- Please attach extra sheet if necessary

Name	NRIC/Passport No.	Citizenship

Company's Financial Information

23. Capital / Equity*	Accumulate Capital (RM)	(For partnership & Sole Enterprise)
	Authorized Capital (RM)	(For Sdn Bhd or Berhad)
	Paid-Up Capital (RM)	(For Sdn Bhd or Berhad)

24. Annual Income / Turnover (RM)* :

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25. Banker's Name / Address*

:

26. Financial Facilities (Please attach extra sheet if necessary)

:

Name of Bank	Location	Type of Facility	Amount

27. Company's Registration

- Registered as supplier/vendor/manufacturer with ministries, government departments or private sectors.
- Please tick the applicable box & please attach photocopy of registration.

Registration with	Class of Reg.	Date of Reg.	Limit / Expiry
<input type="checkbox"/> Kementerian Kewangan Malaysia			
<input type="checkbox"/> Syarikat Taraf Bumiputera MOF			
<input type="checkbox"/> Pusat Khidmat Kontraktor (PKK)			
<input type="checkbox"/> Lembaga Pembangunan Industri Pembinaan Malaysia (CIDB)			
<input type="checkbox"/> Suruhanjaya Tenaga (ST)			
<input type="checkbox"/> Others (Please specify)			

28. Management System

(Please tick the appropriate box & please attach photocopy of certificate)

Do you have any of the following Certificate Management System?

Management System	Yes	No
ISO 9001:2008 (Quality Management System)	<input type="checkbox"/>	<input type="checkbox"/>
OHSAS 18001:2007 (Occupational Health and Safety Management System)	<input type="checkbox"/>	<input type="checkbox"/>
MS 1722:2011 (Occupational Safety and Health Management System)	<input type="checkbox"/>	<input type="checkbox"/>

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ISO 14001:2004 (Environmental Management System)

☐☐

If NONE, does the Company adopt other Management System?

☐☐

29. Credit / Payment Term*

Please specify credit/payment term offered to PHARMANIAGA if your company successful registered as Approved Vendor List. (Please tick the appropriate box)

☐ 30 days from the date of receipt invoice & its relevant supporting document.

☐ 45 days from the date of receipt invoice & its relevant supporting document.

☐ 60 days from the date of receipt invoice & its relevant supporting document.

☐ Other: Please specify

30. Staffing Information* (Please attach organisation chart and extra sheet if necessary)

No.	Category	Total
1	Management	
2	Professional (Diploma and above)	
3	Skilled Personnel (Competent Person)	
4	Administration	
5	Foreign Workers	
6	Others (If any)	
Total		

31. Previous Experiences* (Please attach extra sheet if necessary)

No.	Clients' Name	Contract Title	Commencement & Completion Date	Contract Sum
1				
2				
3				
4				
5				

PHARMANIAGA BERHAD

Group Procurement Department

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32. Facilities* (Please attach extra sheet if necessary)

No.	Type	Owned	Rental	Others (Please specify)
1	Office premise			
2	Factory			
3	Workshop			
4	Transportation			
5	Others			

33. Geographical Area of Services* (Please tick "v" at the appropriate box)

- ☐ Kuala Lumpur / Selangor / Putrajaya
- ☐ Perak
- ☐ Pulau Pinang
- ☐ Sabah
- ☐ Sarawak
- ☐ Other states in Malaysia (Please indicate):
- ☐ Other countries (Please indicate):

34. Company's Representatives*

: Contact Person 1

Name	
Designation	
Office Tel. No.	
Mobile No.	
Email	

: Contact Person 2

Name	
Designation	
Office Tel. No.	
Mobile No.	
Email	

PHARMANIAGA BERHAD
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: Contact Person 3

Name	
Designation	
Office Tel. No.	
Mobile No.	
Email	

Declaration:

1. I/We hereby confirmed that all the information provided in this Form together with the supporting documents are accurate and true as at the date of this Form, and in the event of changes, detail will be provided as soon as possible.
2. I/We hereby give consent to the Company to process my personal data in accordance with the Notice And Choice Principles Document ([https://pharmaniaga.com/wp-content/uploads/2021/12/PDPA\(Website\).pdf](https://pharmaniaga.com/wp-content/uploads/2021/12/PDPA(Website).pdf)) and the relevant provisions of the Personal Data Protection Act 2010.
3. I/We hereby allow any representative from the Group to visit the premise/company or any other location relevant to the tender for the audit of documents and/or goods related to this Form.
4. I/We hereby confirm that I am the authorized personnel of the company to make this declaration.

To be signed by the Vendor's Authorized Personnel

Prepared by:	Verified by:	Company Stamp												
<table><tr><td>Name:</td><td></td></tr><tr><td>Designation:</td><td></td></tr><tr><td>Date:</td><td></td></tr></table>	Name:		Designation:		Date:		<table><tr><td>Name:</td><td></td></tr><tr><td>Designation:</td><td></td></tr><tr><td>Date:</td><td></td></tr></table>	Name:		Designation:		Date:		<div></div>
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SECTION B – ANTI BRIBERY DUE DILIGENCE QUESTIONNAIRE

No.	Description	Yes	No	Remarks
1	Do you have code of ethics/ conduct and/or anti-bribery policy or similar code of conduct? <i>(If yes, please attach a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2	If you have a compliance department, please describe it, and provide the name of the senior person in charge of compliance in your organization	<input type="checkbox"/>	<input type="checkbox"/>	
3	Have you or any of your employees who will provide services to Pharmaniaga been subject to debarments and/ or professional suspensions related to bribery, money laundering, fraud, or other relevant serious offences within the past five (5) years? <i>(If yes, please provide description of the circumstances and remedial actions that have been taken)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Have you or any of your employees who will provide services to Pharmaniaga or your agent been involved in any criminal investigation related to bribery, money laundering, tax evasion, fraud, or other serious offenses within the past five (5) years? <i>(If yes, please provide description of the circumstances and remedial actions that have been taken)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Have your company recorded any work-related accident / incident within the past three (3) years? <i>(Please attach JKPP8 Form or any related documents for our reference)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

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I/We, the undersigned, warrant that the information provided in this Questionnaire is correct, any attachment is accurate and complete and in the event of changes, detail will be provided as soon as possible.

I/We, the undersigned, understand that the provision of false or misleading information may result in the immediate termination of any relationship that may exist between the Vendor and that Pharmaniaga reserves any other remedies as may be appropriate if such termination may occur.

I/We, the undersigned, aware that Pharmaniaga has implemented an Anti-Bribery Management System Policy & Objectives. I have read and understood the policy, which is available at <https://pharmaniaga.com/wp-content/uploads/2020/12/Anti-Bribery-policy.pdf> under Corporate Policies, prior to signing this declaration, and I shall adhere to the said Anti-Bribery Management System Policy & Objectives. I am also fully aware that Pharmaniaga strictly does not tolerate any form of corruption, bribery, and fraud.

I/We understand that your decision regarding selection or rejection of any prospective vendor will be accepted by me as final and not subjected to any appeal.

**Signature of the authorized
signatory:**

**Signature of the authorized
signatory:**

**Official Company
Stamp**

Name:

Position:

Date:

Name:

Position:

Date:

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SECTION C – VENDOR CODE OF ETHICS

1. INTRODUCTION

- a. Pharmaniaga (as defined below) is committed to uphold principle of integrity, accountability, and fairness in its procurement activities. Similarly, Pharmaniaga expects its Vendor to embrace the commitment to these principles as set out in this Pharmaniaga's Vendor Code of Ethics ("Vendor Code of Ethics").
- b. The Vendor Code of Ethics outlines Pharmaniaga's minimum expectations for Vendor to respect and adhere to when conducting business with or on behalf of Pharmaniaga. All Vendor of Pharmaniaga shall comply with all applicable laws and regulations, the requirements set out in this Vendor Code of Ethics and its contractual obligations to Pharmaniaga.
- c. This Vendor Code of Ethics is intended to complement Pharmaniaga's Code of Conduct, Procurement Policy & Procedures and Pharmaniaga's other policies.

2. SCOPE

The Vendor Code of Ethics applies to all Pharmaniaga's Vendor including its principals, employees, sub-contractors, and agents.

3. DEFINITIONS

- a. The following terms are used in this Vendor Code of Ethics and shall have the following meanings:
 - i. **Bribe** means an inducement or reward (financial or otherwise) offered, given, or received, directly or indirectly in order to secure an undue or improper result, award, decision, benefit, or advantage of any kind.
 - ii. **Cartel** means an arrangement between Vendors to fix prices or to share the market between them.
 - iii. **Conflict of Interest** means a situation in which an individual had competing professional or personal interests that may interfere or potentially interfere with the individual's objectivity to fulfill his or her duties impartially.
 - iv. **Employee** means all employees under the employment of Pharmaniaga or Vendor including persons who are on contract, secondment, apprenticeship, attachment

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whether remunerated or otherwise. The term “Employee” or “Employees” shall have the same meaning and may be used interchangeably.

- v. **Gifts** mean anything of value that an individual gives or receives either directly or in kind including but not limited to, good or services, gratuities or personal favors that are intended to influence or reward an individual or entity.
- vi. **Kickback** means a portion of the value of the contract demanded as a bribe by a person for securing the contract.
- vii. **Pharmaniaga** means Pharmaniaga Berhad and its subsidiaries within Pharmaniaga Group of Companies.
- viii. **Vendor** means any person or entity that supplies goods and/or provides services to Pharmaniaga, including those already appointed by Pharmaniaga and who intend to enter into or has a contract with Pharmaniaga. Vendor shall include contractors, suppliers, service providers and consultants, their principals, employees, sub-contractors, and agents.

4. VENDOR’S RESPONSIBILITY

It is the Vendor’s responsibility to:

- a. Understand and comply with this Vendor Code of Ethics;
- b. Educate its employees, sub-contractors, and agents on the requirements of the Vendor Code of Ethics;
- c. Monitor its compliance with the principles of the Vendor Code of Ethics; and
- d. Report any violation of the Vendor Code of Ethics (as mentioned in item 6 below).

5. PRINCIPLES OF THIS CODE

a. Ethical Business Practices

- i. Vendor shall abide by all applicable laws and regulations concerning bribery, corruption, fraud, money laundering and any other prohibited business practices.
- ii. Vendor shall never offer, pay, solicit, or accept any bribes, kickbacks, gifts, or other incentives either directly or through intermediaries in order to obtain an unfair or improper advantage or to obtain or retain a business for any business transaction with or involving Pharmaniaga.
- iii. Vendor shall adhere to provisions in Procurement Policy & Procedures and Procurement Code of Ethics.

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- iv. Vendor is required to request its sub-contractors, sub-vendors, and agents to sign and comply with Pharmaniaga's Vendor's Declaration on Anti Bribery to prevent corrupt practices in the supply chain.

b. Conflict of Interest

- i. Vendor shall avoid conflict of interest and is expected to promptly report to Pharmaniaga any actual, potential, or apparent conflict of interest situation.
- ii. Vendor shall disclose to Pharmaniaga via Conflict-of-Interest Declaration if any Pharmaniaga's employee has an interest of any kind in the Vendor's business or any kind of economic ties with the Vendor.
- iii. Vendor is prohibited from offering or providing gifts to Pharmaniaga's employee that might appear to influence, compromise judgement, or obligate the employee.
- iv. Vendor shall disclose in writing details of former employees of Pharmaniaga who joined them either prior to the award or in the performance of a contract which the former Pharmaniaga's employee was directly involved in such award or contract, or which was under his or her consideration during the period of his or her employment with Pharmaniaga.

c. Fair Competition

- i. Vendors shall conduct their business in line with fair competition and in accordance with Competition Act 2010 and all applicable anti-competitive laws.
- ii. Vendor shall not conspire, collude, or form cartel either directly or indirectly with other Vendor for the purpose of reducing or eliminating competition during the submission of tender or quotation to Pharmaniaga.
- iii. Vendor is expected to quote price that reflects the true value of their products, services and works.

d. Compliance with Laws

- i. Vendor shall comply with all applicable laws and regulations including but not limited to, any laws relating to employment, environment, health, and safety.
- ii. Vendor is expected to keep abreast of developments and changes in the relevant laws and regulations to ensure continuous compliance.

e. Honest Representation

- i. Vendor shall provide an honest disclosure of their organization, its experiences, qualifications, capabilities, and financial status.

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- ii. Vendor shall submit genuine and impartial references on their previous engagement and work done.

f. Commitment

- i. Vendor shall not submit quotation or tenders without firm commitment to proceed with the contract.
- ii. Vendor is expected to take full responsibility and accountability for services rendered or goods provided and honor their commitments in accordance with their obligations under the agreements or contracts with Pharmaniaga.
- iii. Vendor is encouraged to strive for continuous improvement and to apply best practices in order to enhance the quality of delivery of products, services and works to Pharmaniaga.

g. Whistleblowing Policy

- i. As part of our dedication to upholding the highest standards of corporate governance, Pharmaniaga has implemented a whistleblowing policy to provide a secure and confidential channel for the vendors to report any concerns or observations related to unethical practices or violations of our code of conduct.
- ii. Please visit <https://pharmaniaga.com/wp-content/uploads/2023/07/Whistleblowing-Policy-Pharmaniaga-v3KFI-clean.pdf> to view the Whistleblowing Policy.

6. BREACH OF THE VENDOR CODE OF ETHICS

For violation of any provisions in this Vendor Code of Ethics, Pharmaniaga may act depending on the nature and seriousness of the breach. The actions to be imposed on Vendor include:

- a. Written warning – continued non-compliance will lead to more severe action;
- b. Penalties or any contractual or legal remedies under the law;
- c. Immediate termination of contract, without recourse;
- d. Suspension from participating in any future procurement activities for a period of up to 12 months; and/or
- e. Blacklisting whereby Vendor is not allowed or disqualified from any future procurement activities for a minimum of two years.

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7. RAISING CONCERNS

Vendor is obligated to promptly report questionable behavior or any actual or suspected violations of laws, this Vendor Code of Ethics and/or any contractual obligations with Pharmaniaga.

All such concerns can be reported confidentially to the Integrity & Governance Unit using one of the channels:

Telephone : +603-3342 9999
Email : whistleblow@pharmaniaga.com

Pharmaniaga will maintain confidentiality of the identity of the individual or Vendor who raises the concern to the extent possible.

Pharmaniaga will not tolerate any retaliation taken by its employees or Vendor against any individual or Vendor who has, in good faith, reported questionable behavior or possible violation of laws, this Vendor Code of Ethics and/or any contractual obligations with Pharmaniaga.

ACCEPTANCE & AGREEMENT

We, (Company Reg. No.....)
having read and understood the abovementioned terms and conditions of this Vendor Code of Ethics hereby signify our agreement and acceptance of the same by placing our signature herein below.

**Signature of the authorized
signatory:**

**Signature of the authorized
signatory:**

**Official Company
Stamp**

Name:

Designation:

Date:

Name:

Designation:

Date:

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SECTION D – VENDOR’S DECLARATION ON ANTI BRIBERY

Our company (*Company Name*) bearing
Registration Number, (hereinafter Vendor) hereby:

1) DECLARES THAT:

- a. The Vendor and its directors, officers and employees are in compliance with all applicable laws, statutes, regulations, and codes relating to anti-bribery and corruption matters (the Relevant Laws);
- b. From the Vendor’s company records and publicly available information, neither the Vendor nor any of its directors, officers or employees who may be involved in the Business Transaction(s) has been convicted of any offence involving bribery or corruption of fraud; nor to the best of the Vendor’s knowledge, any such person is the subject of any investigation, inquiry or enforcement proceedings by any governmental, administrative or regulatory body regarding any offence or alleged offence under the Relevant Laws; and
- c. The Vendor did not, either directly or indirectly, promise, offer or give any bribe or an improper advantage (whether financial or otherwise) to any person in Pharmaniaga Berhad (including the holding company, subsidiaries, associated and affiliated companies as well as their subsidiaries, associated and affiliated companies, both local and international) (hereinafter Pharmaniaga) or any other person representing Pharmaniaga as an inducement, incentive, reward, gift or bonus for being selected for the Business Transaction(s).

2) UNDERTAKES THAT:

- a. The Vendor will not, either directly or indirectly, promise, offer or give any bribe or an improper advantage (whether financial or otherwise) to any person in Pharmaniaga or any other person representing Pharmaniaga, as an inducement, incentive, reward gift or bonus to be selected and/or for any other purpose connected to the Business Transaction(s);
- b. The Vendor will not, either directly or indirectly promise, offer, or give any bribe or an improper advantage (whether financial or otherwise) to any government official or private person so as to obtain or retain a business advantage on behalf of Pharmaniaga during the carrying out of the Business Transaction(s); and

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- c. If contraventions or investigations of the type described in sections 1(b), 2(a) and 2(b) above have occurred, the Vendor will forthwith provide the relevant details to Pharmaniaga.

3) AGREES THAT:

In the event that the Vendor, its directors, officers, or employees is in breach of any of the above sections, the following actions may be taken by Pharmaniaga:

- (i) Immediate termination of the contract/tender/award and/or anything of a similar nature for the Business Transaction(s) without any liability whatsoever on the part of Pharmaniaga to the Vendor and/or its directors, officers, or employees; and/or
- (ii) To recover the amount of any loss resulting from such termination.

Without prejudice to any other rights or remedies that Pharmaniaga may have or any other appropriate action which Pharmaniaga may seek under the terms of the applicable contract/tender/award and/or anything of a similar nature or applicable laws and regulations.

The Vendor shall comply at all times with the Relevant Laws in Malaysia including, without limitation to Malaysian Anti-Corruption Commission Act 2009 and/or those pertaining to anti-corruption and shall inform Pharmaniaga if it learns or has any reason to know of any violation of such Relevant Laws that occurred or may have occurred in the course of the Business Transaction(s).

We hereby having read and understood the abovementioned terms and conditions of this Vendor's Declaration on Anti Bribery hereby signify our agreement and acceptance of the same by placing our signature herein below.

**Signature of the authorized
signatory:**

**Signature of the authorized
signatory:**

Official Company Stamp

Name:
Designation:
Date:

Name:
Designation:
Date:

--

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SECTION E – CONFLICT OF INTEREST DECLARATION

I, **[Vendor Contact Person's Full Name]**, on behalf of **[Vendor Name]** hereby declare that we have read and understood the Vendor Code of Ethics of Pharmaniaga Berhad (including the holding company, subsidiaries, associated and affiliated companies as well as their subsidiaries, associated and affiliated companies, both local and international) (hereinafter referred to as Pharmaniaga) related to vendor relationships. We are aware of our responsibilities in this regard and understand that the failure to disclose any potential conflicts of interest may result in the termination of our vendor registration with Pharmaniaga.

I declare the following potential conflicts of interest, that may exist between the vendor and Pharmaniaga:

- Financial Interests:** Please specify any financial interests or investments, including but not limited to, stocks, bonds, patents, royalties, or ownership interests, that may present a conflict of interest.
 - Description of Financial Interest:
 - Nature of Interest (e.g., ownership, consulting fees, royalties):
 - Approximate Value of Interest (if applicable):
- Relationships:** Declare any familial or personal relationships with the employees or representatives of Pharmaniaga that could create a conflict of interest.
 - Name of Family Member or Person with Relationship:
 - Nature of Relationship:
- Previous Employment:** Disclose any previous employment with Pharmaniaga.
 - Name of Individual:
 - Nature of Previous Employment:
 - Dates of Employment:

I understand that it is our responsibility to promptly update this declaration if any new potential conflicts of interest arise during our business relationship with Pharmaniaga. We also commit to fully cooperate with Pharmaniaga in addressing and mitigating any conflicts of interest that may arise.

I certify that the information provided in this declaration is accurate and complete to the best of my knowledge.

Signature:

Name:

Designation:

Date:

PHARMANIAGA BERHAD
Group Procurement Department

No. 7, Lorong Keluli 1B, Kawasan Perindustrian Bukit Raja Selatan
Seksyen 7, 40000 Shah Alam, Selangor, Malaysia
Tel: +60333429999 | Email: vendors@pharmaniaga.com

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SECTION F – ENVIRONMENTAL, SOCIAL AND GOVERNANCE (ESG) QUESTIONNAIRE

A. ENVIRONMENTAL ASSESSMENT

No.	Description	Yes	No	Remarks
1	Does your company have any sustainability policy or any clear sustainability outcomes covering environmental considerations? (i.e., ISO 14001 or equivalent) <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does your company have a dedicated person who is responsible for environmental activities within your organization? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does your company conduct monitoring / audit / inspection to verify compliance to environment practices? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Has your company received any fines / improvement notices from authorities related to Environmental offence in the last 5 years? If yes, please elaborate. (E.g., providing public cleansing management without license) <i>(If yes, please elaborate or provide supporting document)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Has your company breached any environmental legislation for the past one year? <i>(If yes, please elaborate or provide supporting document)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does your product(s) comply with environmental standards such as possessing an eco-label? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

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No.	Description	Yes	No	Remarks
7	Are the raw materials from your product locally sourced? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Does your product locally assembled / manufactured? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Does your company provide take-back service after the product to be disposed at the end of its life? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

B. SOCIAL ASSESSMENT

No.	Description	Yes	No	Remarks
1	Does your company have a policy to address diversity and inclusion? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does your company have a policy to address child labour? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does your company have a policy to address forced labour? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does your company have a policy to address human rights? (Not limited to child and forced labour, amongst others) <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

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No.	Description	Yes	No	Remarks
5	Does your company adhere to the local employment act? (i.e., Employment Act 1955) <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does your company allow your employees to engage in collective bargaining practices and freedom of association? (i.e., labour unions and management) <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Does your company document report from inspection audits or assessment of non-compliance relating to inclusivity, labour, and human rights? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Does your company have any existing policies or statements that addresses health and safety standards? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Does your company have a safety committee with representative from both Management and staff to oversee these issues? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Does your company take action/steps to reduce accidents or incidents that can result to injury or fatality? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Has your company received any fines, summons or penalties from authorities relating to Health and Safety in the last 5 years? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

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C. GOVERNANCE ASSESSMENT

No.	Description	Yes	No	Remarks
1	Does your company's product or service certify by the ISO's standards? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does your company adhere to laws and regulations related to integrity? <i>(If yes, please elaborate or provide supporting document. If no, please state future plans, if any)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

We hereby having read and understood the abovementioned Environmental, Social and Governance (ESG) Questionnaire hereby signify our agreement and acceptance of the same by placing our signature herein below.

**Signature of the authorized
signatory:**

**Signature of the authorized
signatory:**

**Official Company
Stamp**

Name:

Designation:

Date:

Name:

Designation:

Date:

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SECTION G – CHECKLIST

Please ensure all Sections are completed and signed by the authorized signatories. Kindly ensure all mandatory supporting documents are attached as per checklist below:

No.	Documents	Yes	No	Remarks
Mandatory Documents				
1	Completed and signed Section A – Company Particulars	<input type="checkbox"/>	<input type="checkbox"/>	
2	Completed and signed Section B – Anti Bribery Due Diligence Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	
3	Completed and signed Section C – Vendor Code of Ethics	<input type="checkbox"/>	<input type="checkbox"/>	
4	Completed and signed Section D – Vendor’s Declaration on Anti Bribery	<input type="checkbox"/>	<input type="checkbox"/>	
5	Completed and signed Section E – Conflict of Interest Declaration	<input type="checkbox"/>	<input type="checkbox"/>	
6	Completed and signed Section F – Environmental, Social and Governance (ESG) Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	
7	Completed Section G – Checklist	<input type="checkbox"/>	<input type="checkbox"/>	
Suruhanjaya Syarikat Malaysia (SSM) / Companies Commission of Malaysia Related Documents				
8	Form D – Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>	
9	Form 9 – Certificate of Incorporation of Private Company	<input type="checkbox"/>	<input type="checkbox"/>	
10	Form 13 – Certificate of Incorporation on Change of Name of Company	<input type="checkbox"/>	<input type="checkbox"/>	
11	Form 24 – Return of Allotment of Shares	<input type="checkbox"/>	<input type="checkbox"/>	
12	Form 32A – Form of Transfer of Securities	<input type="checkbox"/>	<input type="checkbox"/>	
13	Form 49 – Return Giving Particulars in Register of Directors, Managers and Secretaries and Changes of Particulars	<input type="checkbox"/>	<input type="checkbox"/>	
Other Supporting Documents / Certificates / Registration				
14	Company profile	<input type="checkbox"/>	<input type="checkbox"/>	
15	Organisation chart	<input type="checkbox"/>	<input type="checkbox"/>	

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No.	Documents	Yes	No	Remarks
16	Products / services catalogue (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
17	Management Account / Audit Report for the past two (2) years	<input type="checkbox"/>	<input type="checkbox"/>	
18	Bank statement for the past three (3) months	<input type="checkbox"/>	<input type="checkbox"/>	
19	<i>Sijil Akuan Pendaftaran Syarikat</i> from the Ministry of Finance (MOF) (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
20	<i>Sijil Akuan Pendaftaran Syarikat Bumiputera</i> from the MOF (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
21	<i>Kelulusan Pendaftaran di bawah Seksyen 13 Akta Cukai Perkhidmatan 2018</i> from <i>Jabatan Kastam Diraja Malaysia / Royal Malaysian Customs Department</i> (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
22	<i>Perakuan Pendaftaran Kontraktor</i> from Construction Industry Development Board (CIDB) (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
23	<i>Sijil Taraf Bumiputera</i> (STB) from CIDB (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
24	Registration with the <i>Jabatan Keselamatan dan Kesihatan Pekerjaan</i> / Department of Occupational Safety and Health (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
25	Lesen Pengendali dari Agensi Pengangkutan Awam Darat (APAD) (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
26	<i>Sijil Persatuan Industri Keselamatan Malaysia</i> (PIKM) (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
27	Other certificates / registration as supplier with ministries / government departments / private sectors (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
28	Certificate(s) from the manufacturer(s) for Authorized Distributor / Agent (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
29	ISO Certification(s) (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
30	Other relevant certificates / licenses / awards (<i>If any</i>)	<input type="checkbox"/>	<input type="checkbox"/>	

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The completed Vendor Registration Form and its supporting documents can be submitted physically or via email to:

1. **By hand / mail / courier:**

Group Procurement Department
Pharmaniaga Berhad
No. 7, Lorong Keluli 1B
Kawasan Perindustrian Bukit Raja Selatan
Seksyen 7, 40000 Shah Alam, Selangor
Malaysia
(Attn: Head of Procurement)

2. **Via Email:**

vendors@pharmaniaga.com

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Information validation with the relevant agencies / authorities:

No.	Agencies / Authorities / Accounts	Acceptable	Unacceptable	Not Required	Remarks
1	Suruhanjaya Pencegahan Rasuah Malaysia / Malaysian Anti-Corruption Commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Suruhanjaya Syarikat Malaysia / Companies Commission of Malaysia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Jabatan Insolvency Malaysia / Malaysian Department of Insolvency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Jabatan Keselamatan dan Kesihatan Pekerjaan / Department of Occupational Safety and Health (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Social media accounts (Facebook / Instagram / Twitter / TikTok / etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Received and reviewed by:

Name:

Position:

Date:

Comments (If any):

Approved by:

Name:

Position:

Date:

Comments (If any):