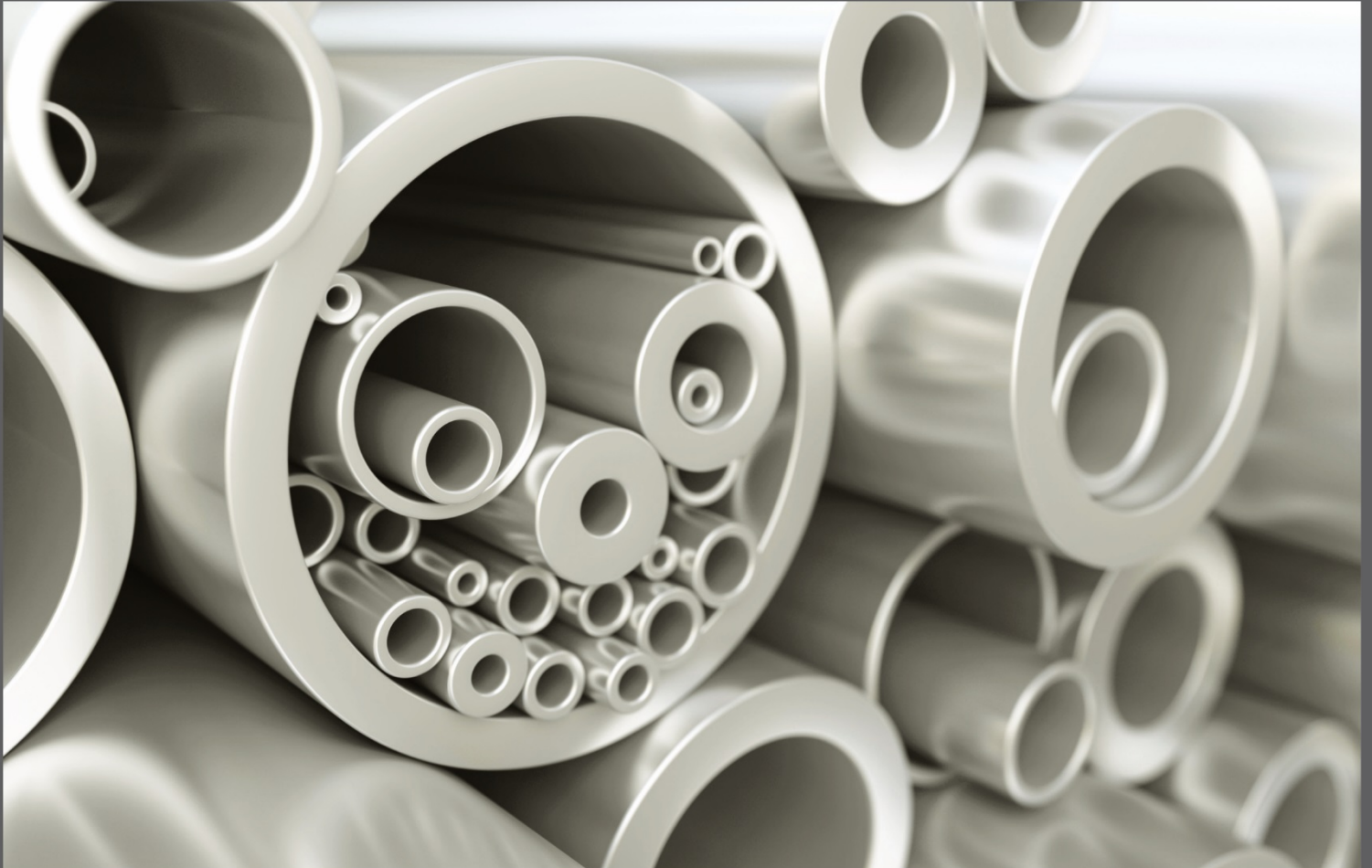


SUPPLIER QUESTIONNAIRE



SUPPLIER QUESTIONNAIRE

GENERAL DATA

Company Name:

Street:

Post Code and Location:

Country:

Phone-No.:

Fax-No.:

E-Mail:

Website:

Founding year:

Number of employees: Total: Production: Quality essential:

Responsible contact person in your company:

Department	Contact person	Phone	E-Mail
Management
Sale
Quality Managem.
Production
Material/purchase
Finances
Shipping

Contact Person 24h emergency availability

Name: Phone:

SUPPLIER QUESTIONNAIRE

CORPORATE INFORMATION

Year	Corporate sales	Currency	Automotive Industry share in %	Export share in %
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.....
.....
.....

VAT No.:

Tax No.:

Bank account:

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PRODUCT SPECTRUM (strengthen/weaken)

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PRODUCT SPECTRUM (DIN standards)

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SUPPLIER QUESTIONNAIRE

PRODUCT SPECTRUM (materials)

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PRODUCT SPECTRUM (dimensions)

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Who are your main customers?

Name	Currency	Country	Product
.....
.....
.....
.....
.....
.....

SUPPLIER QUESTIONNAIRE

LIABILITY INSURANCE

Product liability Yes No planned coverage:

Recall insurance Yes No planned coverage:

Insurance company:

(Please enclose confirmation of your insurer.)

QUALITY

Certificate:

ISO 9001 Yes valid until:

No planned from:

VDA 6.1 Yes valid until:

No planned from:

IATF 16949 Yes valid until:

No planned from:

(Please tick where applicable and attach copy of the certificate.)

Product entry possible in the IMDS system?

Yes No planned from:

Sampling with EMPB possible?

Yes No planned from:

Deliveries with factory certification possible?

Yes No planned from:

SUPPLIER QUESTIONNAIRE

ENVIRONMENT

Does your company have a validated and certified environmental management system...
... according to DIN EN ISO 14001 ?

- Yes valid until:
- No planned from:

... by other standard of regulation?

- Yes valid until:
- No planned from:

(Please tick where applicable and attach copy of the certificate.)

HEALTH AND SAFETY

Does your company have a validated and certified health and safety management
system...
... according to ISO 45001?

- Yes valid until:
- No planned from:

(Please tick where applicable and attach copy of the certificate.)

Date: Name: Function: Signature:

.....