

SUPPLIER SELF-ASSESSMENT ENTRY DATA

Company:

Name _____

Street, Place _____ Country: _____

Phone _____

Fax _____

Email _____

Website _____

Terms of payment _____

Incoterms _____

Contact persons:

	Name:	Position:	Phone:	Fax:	Email:
Managing director	_____	_____	_____	_____	_____
Sales organization	_____	_____	_____	_____	_____
Logistics	_____	_____	_____	_____	_____
Quality assurance	_____	_____	_____	_____	_____

General data:

Trading company/distributor:

Manufacturer:

Consignment stock:

AEO certification number: _____
(if none, please fill in page 3)

Certificates: ISO 9001 ISO 14001 ISO 18001
 TS 16949 EMAS

Other certificates: _____
(please enclose all certificates and declarations as PDF)

Bank information:

Name of bank: _____

IBAN: _____

SWIFT/BIC: _____

or

Routing number: _____

Account number: _____

Tax data

Tax identification number: _____

VATIN: _____

You have read [Code of Compliance](#) and confirm compliance to the contents.

Date/Place

Name/Position

Company stamp/Signature

SUPPLIER SELF-ASSESSMENT INSURANCE

Information on current insurance coverage

General manufacturer's and product liability insurance including recall insurance

Name and address of the insurance holder/supplier

Name and address of the liability insurance company

Insurance number

Insurance cover for	sum covered	deductible amount	scope
Personal injury	_____	_____	
Material damage	_____	_____	
Financial loss	_____	_____	
Product liability damages	_____	_____	
Recall costs	_____	_____	

Are the following cost items covered?

- Third-party costs for the combination, blending or processing of the products supplied? Yes No
 - Third-party costs for further processing or treatment? Yes No
 - Costs for installation or removal? Yes No
 - Coverage for:

Rail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub limit (amount insured)	_____
Watercraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub limit (amount insured)	_____
Motor vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub limit (amount insured)	_____
Aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub limit (amount insured)	_____
 - Assembly and maintenance works (if this service is rendered to the Würth Group) Yes No
 - Non-product-related services (if these services are rendered to the Würth Group)
-
7. Is your company a distributor or manufacturer of the products supplied to us? Manufacturer Distributor

Please enclose the corresponding proof of insurance from your liability insurance company that covers all the above details.

Date/Place

Name/Position

Company stamp/Signature

SUPPLIER SELF-ASSESSMENT SUPPLIER DETAILS

Supplier Details

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Cold Heading | <input type="checkbox"/> Hot Forging | <input type="checkbox"/> Thread Rolling | <input type="checkbox"/> Thread Cutting |
| <input type="checkbox"/> Machining | <input type="checkbox"/> Grinding | <input type="checkbox"/> Drilling | <input type="checkbox"/> Tapping |
| <input type="checkbox"/> Stamping | <input type="checkbox"/> Injection Molding | <input type="checkbox"/> Heat Treating | <input type="checkbox"/> Milling |

If checked, please describe: _____

- Coating

If checked, please describe: _____

Other, please describe: _____

Please send a list of manufacturing equipment along with the completed form.

How many shifts does your operation run?

- One Shift Two Shifts Three Shifts

Other, please describe: _____

Do you have your own testing laboratory? YES NO

If yes, please send a list of test equipment along with the completed form.

If yes, is your testing lab ISO 17025 accredited? YES NO

If yes, please send a copy of the accreditation with the completed form.

Product Range

Please list the type of products you manufacture/supply including your size capabilities for each type (If your company has a company/product catalog, please send a copy along with the completed form).

Product Marking

Please provide your company's head marking and/or product marking.

SUPPLIER SELF-ASSESSMENT QUALITY ASSURANCE

QUALITY ASSURANCE

Is your company certified to an industry standard? (i.e. ISO 9001, ISO 14001, AS9100, API Q1, IATF 16949, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, what standard(s)? _____		
If no, does your company have a documented Quality Management System?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If not certified, is your company planning to get certified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, what is the target date for certification? _____		
Would you agree to a formal supplier audit by our company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company perform on-site assessments of your suppliers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company formally evaluate and rate your suppliers (i.e. KPI's)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company have a batch / lot control system in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company maintain traceability back to the raw material used to manufacture the product?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company have a preventive maintenance program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company have processes in place for material handling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your company able to provide the proper certifications, including Chemical analysis, mechanical test results and performance test results if required per the purchase order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company perform the following inspections:		
Inspection on incoming goods?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In-Process Inspection (during production)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Final Inspection (prior to shipping)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes to any of the above, are there records available for review?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are measuring and testing devices monitored and checked (i.e. calibrated)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If calibrated in-house is it conducted to NIST Traceable Standards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If calibrated by a third party are they an ISO 17025 certified lab?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company use SPC in the production processes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can your company provide initial sample inspection reports if required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your company able to conduct PPAP's in accordance with the latest revision of AIAG?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company utilize FMEAs, Control Plans and Flow Diagrams?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company have a Continuous Improvement program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please describe the program. _____		
Does your company utilize a documented corrective action process for both internal / external issues?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company have a process to handle nonconforming product?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company perform internal audits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company have any type of environmental program in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company have a health and safety program in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company have EDI capabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please provide any other information about your company that you feel could be beneficial.

Name (company) _____
Street _____
Postal code/town _____
Country _____
Phone _____
Email _____

SUPPLIER
SELF-ASSESSMENT
SECURITY DECLARATION

for Authorized
Economic Operators

I hereby declare that:

- goods, which are produced, stored, forwarded or carried by order of Authorized Economic Operators (AEO), which are delivered to AEO or which are taken for delivery from AEO
 - o are produced, stored, prepared and loaded in secure business premises and secure loading and shipping areas.
 - o are protected against unauthorized interference during production, storage, preparation, loading and transport.
- reliable staff is employed for the production, storage, preparation, loading and transport of these goods.
- business partners who are acting on my behalf are informed that they also need to ensure the supply chain security as mentioned above.

Date/Place

Name/Position

Company stamp/Signature