## Supplier Questionnaire



Company Address		Contact Data			
Company		Gender	□ Male	□ Female	
Street		First name			
ZIP code, City, State		Last name			
Country		Function			
Fax No.		Phone No.			
Internet Address		E-Mail			

Company Data							
Are you a manufacturer, trader or service provider:	□ Manufacturer		□ Trader		🗆 Ser	vice Provider	
Type of Business	□ Sole Proprietorship	🗆 Pari	tnership	Corporation			
Year of Foundation						<u>`</u>	
Shareholder/Owner			Dun & Bradstree	et No.			
Subsidiaries							
	Company Sales (In Tsd.	US\$)	Investments (In	Tsd. US\$)	Group S	Sales (In Tsd. US\$)	
Year Before Last							
Previous Year							

Company Sales by Markets (in %)					
North America		Asia			
Europe		South America			

Employment							
Total number of Employees		Number of R&D employees		Number of Quality Mgmt. Employees			
Number of shifts per day (1,2 or 3)		Work hours per wee	k (per shift)				
How many days per week are you manufacturing							

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Contact People							
Function	Name	Direct Phone No.	E-Mail	Languages			
Managing Director / CEO							
Sales Manager							
Head of Quality Management							
Contact Person for RFQ's							

Wł	Which Products Are You Applying For						
	Fasteners		Raw Casting	gs (GG20 and/or GGG40			
	Seperately Driven Fan		Shrink Disc:	5			
	Electric Motors		Packaging I	Material			
	Couplings		Aluminum Die Castings				
	Bevel Gearsets		Encoders				
	Welded Constructions		Electronic C	Components			
	Iron Sheet Constructions		Services:				
	Others:						

Production Facilities					
Where are your production facilities?	Which products do you manufacture there?				

IT Equipment	Which System?		
ERP-System (Enterprise Resource Planning)	□ Yes	□ No	
CAD-System (Computer Aided Design)	□ Yes	□ No	
EDI (Electronic Data Interface) approved with other customers?	□ Yes	□ No	

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## Supplier Questionnaire



Quality Management					
Certificate	Certified on	Planned for	Certificate	Certified on	Planned for
DIN EN ISO 9001			VDA 6.1		
DIN EN ISO 14001			DIN EN ISO 9100		
EMAS			TS 16949		
OHSAS 18001			Others:		
Please include a copy of each certificate					-

Terms of Delivery							
Do you have a product liability insurance? Please include a copy and list the amount you are insured for!	□ Yes	🗆 No	Amount Insured:				
Are you willing to hold a safety stock of (Raw) material?	□ Yes	□ No					
Do you ensure that your products are RoHS (Restriction of Hazardus Substances) compliant?	□ Yes	□ No	□ Not Relevant				
Do you ensure that your products comply with the REACH (Registration, Evaluation, Authorization and Restriction of Chemicals) regulation?	□ Yes	□ No	□ Not Relevant				
Do you commit to act according to Section 1502 of the U.S. Dodd Frank Act?	□ Yes	□ No					
Are you able to send order confirmations within 48 hours after reciept of a Purchase Order?	□ Yes	□ No					
Supplier must comply with all laws of the applicable jurisdiction. Supplier shall not undertake any form of bribery; shall not infringe on the fundamental rights of employees; shall not utilize child labor, slavery nor human trafficking. Do you agree?	□ Yes	□ No					

Trade References		
Main Customers	Country	Turnover Share
Customers From the Automobile Industry?	Country	Turnover Share

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