

Please fill **all** required fields (\*) in block letters

## SUPPLIER SELF-ASSESSMENT

### Information about the company

Name incl. legal form\* \_\_\_\_\_  
Address / Street\* \_\_\_\_\_  
Postcode / City / Country\* \_\_\_\_\_  
Telephone\* \_\_\_\_\_  
Fax\* \_\_\_\_\_  
Email\* \_\_\_\_\_  
Homepage \_\_\_\_\_  
Group affiliation \_\_\_\_\_  
Reference customers \_\_\_\_\_  
Annual turnover \_\_\_\_\_

Your times of goods issue\* Monday - Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_

### Please fill in if you have a different pick-up address

Address / Street \_\_\_\_\_  
Postcode / City / Country \_\_\_\_\_

### Contact persons

	Name:	Phone:	Email:
Managing director	_____	_____	_____
Sales organization	_____	_____	_____
Logistics	_____	_____	_____
Quality assurance	_____	_____	_____
Contact orders*	_____	_____	_____
Contact person for notification of shipments ready for collection*	_____	_____	_____

### General data

Trading company/distributor:

Manufacturer:

Service provider:

Certificates:  ISO 9001  ISO 14001  IATF 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\* \_\_\_\_\_

