

Würth MODYF GmbH & Co. KG • Benzstraße 7 • 74653 Künzelsau-Gaisbach • Germany

Supplier Self-Assessment

Ladies and gentlemen,

Please find enclosed a supplier self-assessment form that we would ask you to complete and return to us along with the corresponding documents so we can create a vendor account for you. We would appreciate it if you could return all required documents, copies and other files to us within the next ten days.

What we need from you:

- Framework documents •
- Completed Supplier Self-Assessment •
- Completed insurance certificate •
- Security declaration •
- Central Payment Management Agreement •
- Certificates •

All information given in this questionnaire is binding!

PLEASE NOTE:

You are expected to comply with our Conditions of Purchase (incl. ILO) and our supplier guidelines. These documents, as in effect at any given time, can be viewed at www.modyf.de/lieferanten

Kind regards

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www.modyf.de Headquarter in Künzelsau County court Stuttgart HRA 590555

Unlimited partner: Würth Modyf-Verwaltungs-GmbH Headquarter in Künzelsau County court Stuttgart HRB 590572

Managing directors: Claudio Corrias, Melanie Röger VAT ID Number: DE812225800 TIN: 76006/00136

Supplier-Self-assessment Entry data



Company:

Name						
Street, Place					Country:	
Phone						
Fax						
E-Mail						
Website						
Terms of payment						
Incoterms						
Contact persons	Name:	Position:	Phone:	Fax:	E-Mail:	
Managing director						
Sales organization						
Logistics						
Quality assurance						
Sustainability						
General data:			Bank informe	ation:		
Trading company/distributor			Name of bank:			
Manufacturer			IBAN:			
Consignment stock			SWIFT-BIC:			
AEO certification number	er:(if		or			
none, please fill in page 3)			Routing number	:		
			Account number	r:		
Tax data:						
Tax identification numbe	er:					
VATIN:						

Facilities:

Certification/Audit reports:

Factory 1:		
address		
Further factories		

addresses

(please enclose all certificates and declarations as PDF)

You have read our <u>supplier code of conduct</u> and confirm compliance to its content. You have read our <u>code of compliance</u> and confirm compliance to its content.





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			

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 Security declaration for Authorized Economic Operators



Name (company)	
Street	
Postal code / town	
Country	
Phone	
E-Mail	

I hereby declare that:

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- 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.
 - are produced, stored, prepared and loaded in secure business premises and secure loading and shipping areas.
 - are protected against unautorized 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.
- no sanctioned persons / legal entities, organizations or institutions have a stake of more than 50% in my organization.