

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

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:

Trading company/distributor _____
Manufacturer _____
Consignment stock _____
AEO certification number:(if
none, please fill in page 3) _____

Bank information:

Name of bank: _____
IBAN: _____
SWIFT-BIC: _____
or _____
Routing number: _____
Account number: _____

Tax data:

Tax identification number: _____
VATIN: _____

Production facilities: please fill in all your manufacturing factories producing Würth MODYF products. In case they should change during our business relationship, the supplier obligates to communicate the additional addresses immediately.

Facilities:

Factory 1:
address _____

Further factories
addresses _____

Certification/Audit reports:

(please enclose all certificates and declarations as PDF)

You have read our [supplier code of conduct](#) and confirm compliance to its content.
You have read our [code of compliance](#) and confirm compliance to its content.

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

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

