

Würth Modyf GmbH & Co. KG · Benzstr. 7 · 74653 Künzelsau-Gaisbach

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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. Please note that you need to complete the pages on "Insurance" and "Quality/Environment" as well. 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:

- Certificates
- Financing agreement
- Completed insurance certificate
- Security declaration
- Completed Supplier Self-Assessment
- Contract

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						
Email						
Website						
Terms of payment						
Incoterms						
Contact persons:	Name:	Position:	Phone:	Fax:	Email:	
Managing director						
Sales organization						
Logistics						
Quality assurance						
General data:			Bank informa	ition:		
Trading company/distributor:			Name of bank:			
Manufacturer:			IBAN:			
Consignment stock:			SWIFT/BIC:			
AEO certification number:			or			
(if none, please fill in page 4)			Routing number:			
Certificates: 🗌 ISO 9001	☐ ISO 14001	☐ ISO 18001	Account number:			
☐ TS 16949	☐ EMAS					
Other certificates:			Tax data			
(please enclose all certificates and declarations as PDF)			Tax identification number:			
			VATIN:			
			You have read <u>Co</u>	de of Complia	<u>ince</u> and confirm compliance to th	
			contents.			
Date/Place	Name/Pa	sition	Cor	mpany 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 insure	ınce 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 item	ns covered?					
1. Third-party costs for the comb	ination, blending	or processing of the	products supplied?		Yes	□No
2. Third-party costs for further pr	ocessing or treatn	nent?			☐ Yes	□No
3. Costs for installation or remov	al?				Yes	□No
4. Coverage for:						
Rail	☐ Yes	☐ No	Sub lim	it (amount insured)	
Watercraft	☐ Yes	☐ No	Sub lim	it (amount insured)	
Motor vehicles	☐ Yes	☐ No	Sub lim	it (amount insured)	
Aircraft	☐ Yes	☐ No	Sub lim	it (amount insured)	
5. Assembly and maintenance w	vorks (if this servic	e is rendered to the \	Würth Group)		Yes	□No
6. Non-product-related services	(if these services o	are rendered to the V	Vürth Group)			
7. Is your company a distributor	or manufacturer	of the products suppli	ied to us?		Manufacturer	☐ Distributor
Please enclose the corresponding	a proof of insuran	ce from your liability	insurance company	that covers all the	above details	
	S Proof of Historian	co nom your hability	moorance company	mai covers all file	abore delalis.	
Date/Place	Name/P	Position		Company stamp/	'Signature	



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Name (company)	JUPPLIER
Trame (company)	SELF-ASSESSMENT
Street	
Postal code/town	SECURITY DECLARATION
Country	for Authorized
Phone	Economic Operators
Email	

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
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