

Würth Modyf GmbH & Co. KG • Benzstr. 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 in a signed form:

- Framework
- Payment conditions
- Supplier regulation
- Purchase condition
- Central Payment Management Agreement
- Supplier Code of Conduct
- Quality assurance agreement

All information given in this questionnaire is binding!

Kind regards,



Leucio Ferri
Head of Purchasing

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 4)

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** (please find attached) 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	<hr/>	<hr/>	<hr/>
Material damage	<hr/>	<hr/>	<hr/>
Financial loss	<hr/>	<hr/>	<hr/>
Product liability damages	<hr/>	<hr/>	<hr/>
Recall costs	<hr/>	<hr/>	<hr/>

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:

- 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 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