

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](http://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:	E-Mail:
<b>Managing director</b>	_____	_____	_____
<b>Sales organization</b>	_____	_____	_____
<b>Logistics</b>	_____	_____	_____
<b>Quality assurance</b>	_____	_____	_____
<b>Sustainability</b>	_____	_____	_____

## 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

**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.
- no sanctioned persons / legal entities, organizations or institutions have a stake of more than 50% in my organization.