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

Würth MODYF GmbH & Co. KG
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E-Mail: info@modyf.de

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, House | Postal code

Number City | Country

Street 2

Street 3

Building (code) | Floor / Room

Contact persons

Name: Position: Phone: 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 adresses 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 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.

Date/Place _____ Name/Position _____ Company stamp/Signature