

We would like to ask that you fill out the following survey. This information is supposed to provide us with an overview of your business which serves as a prerequisite for an objective supplier assessment and the issuance of your status of an "approved supplier", as well as a factor in the improvement and expansion of our mutual collaboration. All of the information provided will be treated confidentially.

➤ **Company:**

Name:	Phone:
Street address:	Fax:
Zip-Code / City:	Mail:
Web:	Legal form:

➤ **Production sites:**

Address #1:	No. of employees:
Address #2:	No. of employees:
Address #3:	No. of employees:

➤ **Total number of employees within the group:**

Total:	Manufacturing:	Administration:	Quality assurance:	Research & development:
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➤ **Contacts:**

Position:	Name:	Phone:	Mail:
CEO:			
Marketing / sales:			
Quality assurance:			
Manufacturing:			
Logistics:			

➤ **Assurance:**

Do you have product liability insurance?	yes	no
Insurance sum:	Insurance company:	
Do you have product recall insurance?	yes	no
Insurance sum:	Insurance company:	

Would you agree to supply us with copies of the insurance policies?	yes	no
What kind of contingency plans have been implemented in order to maintain your ability to supply goods?	Attachments:	

➤ **Revenue / Strategy:**

Total yearly revenue:	Prior year:	2 years ago:	3 years ago:
Distribution:	Automotive: %	Non-automotive: %	
Revenue strategy:			
Automotive:	remains unchanged	extend	reduce
Non-automotive:	remains unchanged	extend	reduce

➤ **Industry branch (please transmit info on business portfolio, machinery park, max. component dimensions etc. separately):**

Manufacturing equipment:	Packaging:
Joining / welding tech.:	Steel / iron / non-ferrous metals:
Machining:	Thermal treatment:
Standard / drawing parts:	Tool & gauge constr.:
Surface treatment:	Miscellaneous:

➤ **Serial production:**

Quantity from _____ to _____

➤ **Capacity of production facilities:**

1-shift 2-shift 3-shift days per week

➤ **Processing:**

➤ Consignment stock: yes no Credit available: yes no

➤ Electronic invoicing: yes no EDI-connection: yes no

➤ **Environment / REACH:**

Our current portfolio contains products or components that
 are hazardous materials: yes no

fall within the definition of REACH regulations: yes no

If so, which? (please add attachment)

Do you implement guidelines for the protection of resources? yes no Attachment:

- Efficient use of resources yes no Attachment:
- Increased energy efficiency yes no Attachment:
- Reduction of emissions yes no Attachment:
- Reduction of waste yes no Attachment:
- Responsible management of chemicals yes no Attachment:
- Responsible management of environmental impact yes no Attachment:

➤ **Quality management (please submit to us all existing and current certificates):**

Does your company employ officially certified quality assurance methods / processes according to:

DIN EN ISO 9001:2015 yes no

 If not, (when) do you intend to implement and certify this QA standard? Date: no

MAQMSR (Minimum Automotive Quality Management System Requirements for Sub-Tier Suppliers)

 If not, (when) do you intend to implement and certify this QA standard? Date: no

ISO/TS 16949:2009 yes no

 If not, (when) do you intend to implement and certify this QA standard? Date: no

 If not, do you employ processes that comply with ISO/TS 16949 specifications? yes no

IATF 16949:2016 yes no

 If not, (when) do you intend to implement and certify this QA standard? Date: no

 If not, do you employ processes that comply with IATF 16949 specifications? yes no

DIN EN ISO 14001:2009 yes no

 If not, (when) do you intend to implement and certify this QA standard? Date: no

ISO 50001:2011 yes no

 If not, (when) do you intend to implement and certify this QA standard? Date: no

OHSAS 18001 yes no

 If not, (when) do you intend to implement and certify this QA standard? Date: no

Do you permit Second Party Audits? yes no

Would you agree to sign a quality assurance agreement? yes no

According to which of the following standards can you conduct initial samplings?

VDA	Template level	1	2	3
PPAP	Level	1	2	3
Other				

➤ **Ethics:**

Responsability:

Have you defined directives for self-imposed responsibility? yes no Attachment:

➔ **Employees:**

- Have you defined guidelines in order to ensure equality / non-discrimination of all employees with regard to disadvantages based on provenance, skin color, sex, age, religion, disability and private lifestyle? yes no Attachment:
- Do you abide by workplace safety regulations? yes no Attachment:
- Have you defined regulations to ensure the separation of private and commercial interests? yes no Attachment:
- Have you defined regulations for the devolution of responsibilities? yes no Attachment:
- Do your employees receive appropriate briefings in order to meet the resulting requirements? yes no Attachment:
- Have you defined regulations to ensure professional integrity and prevent retaliatory actions? yes no Attachment:

➔ **Legal regulations:**

- Do you have effective guidelines to ensure conformity with the requirements of international commerce? yes no Attachment:
- Do you have effective guidelines to ensure conformity with antitrust laws? yes no Attachment:
- Do you have effective guidelines to ensure conformity with minimum wages, social welfare etc.? yes no Attachment:
- Do you have effective guidelines to ensure data security? yes no Attachment:
- Do you have effective guidelines to prevent plagiarism and unlawful use of intellectual property? yes no Attachment:

➔ **Complaint management:**

KLEiN provides a complaint management system to all partners. All written complaints should contain the following

- What causes the problem
- Why is it a problem
- How could the problem be resolved / how should it be

Please address your complaint to the corresponding contacts at KLEiN Umformtechnik.

➔ **Supply Chain:**

) ? yes no

Attachment:

Regarding questions that require further clarification, please add corresponding attachments.

City Date Issuer

WE THANK YOU FOR SUPPORTING OUR EFFORTS TO IMPROVE OUR COLLABORATION.