	Management system	Supplier self-disclosure
	Form	

General information (I)

(please complete or check as appropriate)

Your supplier number:	<input type="text"/>	Our customer number:	<input type="text"/>	INDEX customer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company name:	<input type="text"/>				
Company name:	<input type="text"/>				
Street:	<input type="text"/>	Zip code:	<input type="text"/>		
PO box:	<input type="text"/>	Zip code:	<input type="text"/>		
Country	<input type="text"/>	Town	<input type="text"/>		
Phone:	<input type="text"/>	Fax	<input type="text"/>		
Email:	<input type="text"/>				


Senior management:	Name	Phone	Fax
Commercial:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality / environmental management:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Development:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Production:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Field sales staff:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>		

Annual revenue:	Year	Amount (EUR)	of which with INDEX
Prior year 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior year 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of employees:	Total <input type="text"/>	Production <input type="text"/>	Quality management <input type="text"/>

Completed by: _____

Place/name

Date/signature

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General information (II) (please complete or check as appropriate)			
Manufacturer <input type="checkbox"/>	Dealer <input type="checkbox"/>	Other:	
Is your company certified?		<input type="checkbox"/> Yes, to:	
Certification company:			
		<input type="checkbox"/> No:	✎ Please complete page 3

Products
Product range

Manufacturing processes
Machinery

References

Subsidiaries
Cooperation arrangements

Logistics
(own fleet, forwarding,
stocking possibilities,
warehousing)

Competitors

Remarks
(If there is not enough space to
specify the above points, please
enclose attachments)

Version	Process/file	Created	Checked	Released	Page
2.0/2014-01-20	07_04_Lieferantenselbstauskunft.doc	EKF	QMB	MW	2/3

INDEX	Management system	Supplier self-disclosure
	Form	

Information on the quality management system

(please complete or check as appropriate)

	Yes	No	Internal evaluation key	Remarks
Are you planning to obtain certification? If so, when:				
According to which system? (ISO 9001, ISO 14001, QS 9000, VDA ,...etc.)				
Do you have a manual?				
Does a valid organization chart exist? (please attach)				
Are order confirmations issued?				
Is there a documented system for evaluating suppliers?				
Are incoming orders and order documents checked for feasibility?				
Are inspections carried out in goods receipt?				
Are inspections carried out in production?				
Are inspections carried out in goods issue?				
Are these inspections carried out regularly?				
Are the results of inspections regularly documented and managed?				
Is the inspection equipment monitored, calibrated, and maintained as scheduled?				
Are products that deviate from our order only delivered after prior written approval of the deviation by us?				
Are customers notified in the event of a deviation from the deadline?				
Are all production facilities inspected, serviced, and maintained as scheduled?				
In the event of defects, are corrective measures initiated, implemented, and monitored to prevent recurrence and eliminate weak points?				
Can clearance certificates/safety data sheets be provided for the products you supply?				
Is environmentally friendly packaging (e.g., reusable systems) used?				
Are you willing to grant our employees access to your premises? (e.g., to carry out audits)				