

SUPPLIER SELF-DISCLOSURE



General information on the company

Company name

Website

Street, house number

Legal form

Postal code, city

Year of foundation

Country

Industry

Phone

Products

Fax

Owner(s)

E-mail

In order to process your request for supplier qualification and, where applicable, carry out the subsequent phases of supplier management (supplier evaluation:supplier development), we require personal data in addition to information on the company. For the purpose of communication, we collect and store the names and e-mail addresses of contact persons, as well as their telephone numbers, as information provided voluntarily. For further details see our data protection declaration under <https://www.sommer.eu/de/datenschutz.html>.

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Contact

Management

Name

E-mail

Phone

Languages

Quality management

Name

E-mail

Phone

Languages

Development

Name

E-mail

Phone

Languages

Purchasing

Name

E-mail

Phone

Languages

Sales

Name

E-mail

Phone

Languages

Production manager

Name

E-mail

Phone

Languages

Accounting

Name

E-mail

Phone

Languages

Direct contact for SOMMER

Name

E-mail

Phone

Languages

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Development of the company

Last four years	20_____	20_____	20_____	20_____
Total turnover	_____	_____	_____	_____
Number of employees	_____	_____	_____	_____
Purchasing volume	_____	_____	_____	_____
Export share	_____	_____	_____	_____

Number of employees

_____	_____
<i>Total</i>	<i>Purchasing</i>
_____	_____
<i>Quality management</i>	<i>Sales</i>
_____	_____
<i>Development</i>	<i>Administration</i>

<i>Production</i>	

Business locations

	Site/subsidiaries	Respective number of employees
_____	_____	_____
<i>Where is production located?</i>	_____	_____
	_____	_____
	_____	_____
	_____	_____

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Organisation of production/logistics/QM

Shift model	<input type="checkbox"/>	Yes	_____
	<input type="checkbox"/>	No	<i>If so, in how many shifts?</i>

			<i>Working hours per shift</i>

			<i>Weekly working hours</i>
Flexible working time models	<input type="checkbox"/>	Yes	_____
	<input type="checkbox"/>	No	<i>If so, which?</i>
Kanban system	<input type="checkbox"/>	Yes	_____
	<input type="checkbox"/>	No	<i>If so, what is the procedure in your company?</i>
Just-in-time principle	<input type="checkbox"/>	Yes	_____
	<input type="checkbox"/>	No	<i>If so, what is the procedure in your company?</i>
Stocking of goods possible	<input type="checkbox"/>	Yes	_____
	<input type="checkbox"/>	No	<i>If so, how much warehouse capacity?</i>
Goods-in check	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	
Do you manufacture assemblies?	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	
Meaning of delivery date on the order confirmation	<input type="checkbox"/>	Leaving your premises	
	<input type="checkbox"/>	Arriving at customer premises	

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Certifications

QM certifications

ISO TS 16949

 Certification body

 Expires on

ISO 9001

 Certification body

 Expires on

If not, is certification to 16949 planned?

If not, is certification to 9001 planned?

Yes

Yes

No

No

Other

 Certification body

 Expires on

Certifications for your items

TÜV

 Certification body

 Expires on

CE

 Certification body

 Expires on

CCC

 Certification body

 Expires on

UL

 Certification body

 Expires on

VDE

 Certification body

 Expires on

 Certification body

 Expires on

 Certification body

 Expires on

 Certification body

 Expires on

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Main suppliers (by annual purchasing volume)

Name of supplier

Country

Product

Purchasing volume (€/\$)

Percentage of total purchasing volume

Name of supplier

Country

Product

Purchasing volume (€/\$)

Percentage of total purchasing volume

*Do you have a second supplier for all your items
(primary materials)?*

Yes

No

Do you pass on our target figures?

Yes

No

Dunning procedure with regard to your suppliers

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Customers

From what turnover on is a customer a(n)...	A customer _____	B customer _____
	C customer _____	Other _____
Turnover per customer group	A customer _____	B customer _____
	C customer _____	Other _____
Percentage of total turnover	A customer _____	B customer _____
	C customer _____	Other _____
Number of customers	A customer _____	B customer _____
	C customer _____	Other _____
Percentage of total number of customers	A customer _____	B customer _____
	C customer _____	Other _____
Four highest-revenue customers	A customer _____	B customer _____
	C customer _____	Other _____
Industry	A customer _____	B customer _____
	C customer _____	Other _____
Turnover per year	A customer _____	B customer _____
	C customer _____	Other _____

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Share of total corporate turnover

A customer _____

B customer _____

C customer _____

Other _____

Is a competitor of SOMMER
among your customers?

Yes

No

Which industries do you supply?

Industry

Share in percent

Industry

Share in percent

Industry

Share in percent

Industry

Share in percent

Industry

Share in percent

Insurance/warranty

Coverage in the case of delivery delay

Contractual

Damages

Other

Product liability insurance

Yes

No

If so, coverage of recall costs included?

Yes

No

Max. warranty periods

Save the completed PDF and then fill in the form at www.sommer.eu/de/lieferant-werden.html.

In the final step, you can then upload this completed PDF.

This information is intended to give us an initial overview of your company. It forms the basis for possible future cooperation. Please note that submission of the completed form is a precondition for possible subsequent inclusion in the list of approved suppliers. Thank you very much in advance!

Town, Date

Signature of supplier

Company stamp