

Supplier Information Form

**For:**

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Contact:

Purchasing Manager
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Advance Information

With a supplier information form, we specifically get information about the company structure, purchasing and product data and quality capability on the basis of your own data. The supplier information form is intended to help in the selection of new suppliers by comparing and assessing potential suppliers with our existing suppliers.

To include your company in our selection of suppliers, we would ask you to fill in this supplier information form and to send the completed form back to us.

Your data will, of course, be treated confidentially and will only be used in our company.

Supplier Information Form



1. Supplier Contact Details

Company:	Telephone:
Street, P.O. Box:	Email:
Postcode / City:	Fax:
	Website:

2. Responsible Contact Person within your Company

	Name:	Telephone:	Email:
Executive board	_____	_____	_____
Sales	_____	_____	_____
Quality management	_____	_____	_____
Production	_____	_____	_____
Purchase	_____	_____	_____
Development	_____	_____	_____
Finance	_____	_____	_____

3. Firmendaten

Year of foundation	_____
Corporate form	_____
Does your company have an export license? (only applies to foreign companies)	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Previous year	Current year	Plan for following year
Turnover in €	_____	_____	_____
Export ratio in %	_____	_____	_____

	Administration	Production	Quality Management
Number of employees	_____	_____	_____
	_____	_____	_____

Who are your primary customers?

Reference customers in Germany:

4. Quality Management System

4.1 Do you have a certified quality management?

Yes according to DIN / ISO _____ valid until _____ No

If no, when is it planned? _____ If "No" please answer the questions from point 4.3

If "Yes", please do not answer the questions in item 4.3.

(If your QM system is already certified, please attach a copy of the certificate.)

4.2 Have you already been audited by other purchasers?

Yes No

If yes, by which company and with what audit result?

4.3 General questions regarding the Quality Management (QM) System

Is your QM organisation independent from the production? Yes No

Which QM measures are carried out preventively?

Are delivered goods subjected to an incoming goods inspection? Yes No

How is the test severity controlled?

Do you have a manufacturing inspection? Yes No

Do you carry out an SPC for important functional dimensions? Yes No

Are there autonomous self-checks by employees in production? Yes No

Are there written test instructions / requirements? Yes No

Is the test equipment subject to monitoring? Yes No

Are defective products identified, sorted out and managed? Yes No

Is it ensured that there are no repetitive defects after a customer complaint? Yes No

Are internal audits carried out? Yes No

Are there staff trainings or further education measures? Yes No

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4.4 Do you have a certified environmental management system?

Yes according to EMAS / ISO _____ valid until _____ No
If no, when is it planned? _____

(If you are already certified, please attach a copy of the certificate.)

4.5 Do you act in accordance with a code of conduct? (e.g. Electronic Industry Code of Conduct, Siemens Code of Conduct)

Yes No
(If yes, please attach a copy of the code of conduct.)

4.6 Are services or products obtained from companies, which accept or use child labour?

Yes No

4.7 Do you observe the valid Regulations (EC) as for example: No. 881/2002 and 561/2003 of the Council (Anti-Terror Regulations)?

Yes No

5. Production

5.1 Which products and services can you supply?

5.2 Which surface finishes can you provide?

5.3 Are operations procured externally?

Yes No

If yes, which ones?

5.4 Which production facilities exist? (please attach a machine list)

5.5 Are you able to produce in accordance with samples / drawings?

Yes No

5.6 Do you work in conjunction with customers on

value analyses Yes No
programmes for continuous performance improvements Yes No

5.7 Do you have a Product Liability Insurance?

Yes No

(If yes, please attach the insurance documents or give us the name of the insurer, classes of insurance and amounts insured/cover)

Supplier Information Form



Person responsible	Function	Signature
Mr / Mrs / Ms first and last name	Mr / Mrs / Ms first and last name	
Place, date	Company stamp	
Place, date TT.MM.JJJJ		

Please send the completed form within 10 working days to:

Kählig Antriebstechnik GmbH
Pappelweg 4
30179 Hannover

or via email:

beschaffung@kag-hannover.de