



SUPPLIER QUESTIONNAIRE

1 ADDRESS			
Company name			
Street			
Country – Zip-Code – City		@	
NACE-Code			

2 ACCOUNTS DEPARTMENT			
Name of bank		Invoicing address	
Account number		Company registration no.	
Account holder		VAT-number	
SWIFT-Code (BIC)		Payment terms	Selection
IBAN-Code		Delivery terms	Selection

3 LIABILITY			
	Yes	No	Sum insured
Product liability	<input type="checkbox"/>	<input type="checkbox"/>	
Extended product liability	<input type="checkbox"/>	<input type="checkbox"/>	
Recall costs	<input type="checkbox"/>	<input type="checkbox"/>	

4 CONTACT PERSON				
	Name	Title		@
Management				
Sales				
Engineering				
Quality				
Accounts department				

5 COMPANY INFORMATION			
	Yes	No	Sum insured
Group affiliation	<input type="checkbox"/>	<input type="checkbox"/>	Year of foundation
Grey Market Activity	<input type="checkbox"/>	<input type="checkbox"/>	Business
Product range			Languages
Additional Facilities			Fabrication (Coded)
	Planned for current year	Previous year	Two years previous
Turnover			
Investments			
Export share			

6 QUALITY-MANAGEMENT-SYSTEM						
Is your company certified according to one of the following standards? (Please enclose certificates)	Standard	Yes	No	Valid until	Planned introduction	Introduction completed by
	EN ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	EN 9100 / AS 9100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	EN ISO 3834-2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	EN ISO 14001	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	Others	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

7 NUMBER OF EMPLOYEES						
Total		Quality Assurance		Engineering		Production





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8 CUSTOMER INFORMATION

Number of customers		Number of Key customers (80 % turnover)		Limit % of business by customer		%
Six most valuable customers (name and percentage based on total turnover)						
1.			%	2.		%
3.			%	4.		%
5.			%	6.		%

9 GENERAL INFORMATION

	Yes	No	Comments
Do you have a CAD program in use? If so, what?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an ERP system in use? If so, which one?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you plan your production? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you plan your capacity? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you make 100% final inspection? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have project management capability?	<input type="checkbox"/>	<input type="checkbox"/>	
What is your minimum period for the retention of documents?			
How do you guarantee confidentiality within your subcontractors?			
How do deal with queries?			
Do you have experience of exporting products?			

10 MANUFACTURING INFORMATION

	Yes	No	Comments
Do you have design capability?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you manufacture jigs, fixtures & GSE and if so for which customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have you assembly capacity?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a good supply base for material?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have 5 axis CNC machines? If so, how many?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have 3 axis CNC machines? If so, how many?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have conventional machining, milling, turning, grinding? If so, how many and to what size?	<input type="checkbox"/>	<input type="checkbox"/>	
Are your welders qualified/coded?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have CMM Measurement capability?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you perform non-contact measurement - Leica Trackers?	<input type="checkbox"/>	<input type="checkbox"/>	
What surface treatment can you perform?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you perform painting?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you perform hot press forming?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you perform press forming?	<input type="checkbox"/>	<input type="checkbox"/>	

	Supplier/Company Stamp	HYDRO Systems KG
02.04.2014		
Date	Signature	Signature

