

Supplier Self-Assessment

Ladies and Gentlemen,

Please find enclosed a supplier self-assessment form that we would ask you to complete and return to us along with the corresponding documents so we can create a vendor account for you.

Please note that you need to complete the pages on „Insurance“ and „Security Declaration“ as well. We would appreciate it if you could return all required documents, copies and other files to us within the next ten days

What we need from you:

- Completed Supplier Self-Assessment
- Completed insurance certificate
- Security declaration
- Certificates
- Completed Supplier Self-Assessment „current situation“

PLEASE NOTE:

You are expected to comply with our Conditions of Purchase!

Kind regards,

Your Purchasing Team

SUPPLIER SELF-ASSESSMENT ENTRY DATA



Company:

Name _____
 Street _____ Postcode & City: _____ Country: _____
 Phone _____
 Fax _____
 Email _____
 Website _____
 Terms of payment _____
 Incoterms _____

Contact persons:

	Name:	Position:	Phone:	Fax:	E-Mail:
Managing director	_____	_____	_____	_____	_____
Orders receipt	_____	_____	_____	_____	_____
Shipping logistics	_____	_____	_____	_____	_____
Quality assurance	_____	_____	_____	_____	_____
REACH contact	_____	_____	_____	_____	_____
Origin of goods	_____	_____	_____	_____	_____
Data connection	_____	_____	_____	_____	_____

General data:

Trader/Distributor: Manufacturer:
 Consignment stock possible:
 AEO certification number: _____
 Certificates:
 DIN EN ISO 9001 DIN EN ISO 14001
 DIN EN ISO 45001 DIN EN ISO 50001
 IATF 16949 DIN EN ISO/IEC 27001/TISAX®
 Ecovadis rating: _____
 Other certificates (Environment/ Social): _____
 (please enclose all certificates and declarations as PDF)
*Fulfillment of contractual obligations:
 Personal data is processed for the performance of our contracts with you and the execution of your orders, as well as all activities necessary with the operation and administration of a business. The purposes of data processing are primarily based on the specific order and may include, but are not limited to, order acceptance and execution - including by our affiliates to the extent necessary for the performance of the contract. For further information, please refer to the applicable data protection declaration of WOW! Würth Online World GmbH at: www.wow-portal.com/privacy WABCO WÜRTH Workshop Services GmbH at: [Data protection](#) Autocom Diagnostic Partner AB at: [Data protection](#)*

Bank information:

Name of bank: _____
 IBAN: _____
 SWIFT-BIC: _____
 Routing number: _____
 Account number: _____

Tax data:

Tax identification number: _____
 VATIN: _____

You have read our [Code of Compliance](#) as well as the [Suppliers Code of Conduct](#) and confirm compliance to the contents

Date/Place

Name/Position

Company stamp/ Signature

INSURANCE

Information on current insurance coverage
 General manufacturer's and product liability insurance including recall insurance

Name and address of the insurance holder/supplier

Name and address of the liability insurance company

Insurance number

Insurance cover for	sum covered	deductible amount	scope
Personal injury			
Material damage			
Financial loss			
Product liability damages			
Recall costs			

Are the following cost items covered?

- Third-party costs for the combination, blending or processing of the products supplied? Yes No
- Third-party costs for further processing or treatment? Yes No
- Costs for installation or removal? Yes No
- Coverage for:

Rail	Yes	No	Sub limit (amount insured) _____
Watercraft	Yes	No	Sub limit (amount insured) _____
Motor vehicles	Yes	No	Sub limit (amount insured) _____
Aircraft	Yes	No	Sub limit (amount insured) _____
- Assembly and maintenance works (if this service is rendered to the Würth Group) Yes No
- Non-product-related services (if these services are rendered to the Würth Group)

7. Is your company a distributor or manufacturer of the products supplied to us? Manufacturer Distributor
 Please enclose the corresponding proof of insurance from your liability insurance company that covers all the above details.

Date/Place
Name/Position
Company stamp/Signature

SUPPLIER SELF-ASSESSMENT



SECURITY DECLARATION

for Authorized Economic Operators

Name (company) _____

Street _____

Postal code/town _____

Country _____

Phone _____

Email _____

I hereby declare that:

- goods, which are produced, stored, forwarded or carried by order of Authorized Economic Operators (AEO), which are delivered to AEO or which are taken for delivery from AEO
 - are produced, stored, prepared and loaded in secure business premises and secure loading and shipping areas.
 - are protected against unauthorized interference during production, storage, preparation, loading and transport.
- reliable staff is employed for the production, storage, preparation, loading and transport of these goods.
- business partners who are acting on my behalf are informed that they also need to ensure the supply chain security as mentioned above.

Date/Place

Name/Position

Company stamp/Signature