Supplier Self-Disclosure Form

Instructions: This document contains form controls. All *selected* content can be edited.

# Company Data

|  |  |
| --- | --- |
| Company Name | *Please enter your company’s full name.* |
| DUNS number | *Data Universal Numbering System* |
| Address | *Street Address* |
|  | *Postal code and city* |
|  | *Addition to address* |
|  | *Country* |
| Website | *www.mekra.de* |
| Group Affiliation | *Please select.* |
| *If applicable, please state the full name of the group here.* |
| Subsidiaries/Affiliates | *Please select.* |
| *If applicable, please list your subsidiaries/affiliates.* |
| Additional Locations (by country) | *Location 1* |
|  | *Location 2* |
|  | *Location 3* |
|  | *Location 4* |
| Number of Employees (total) | *Please enter number(s).* |

Please provide the contact information of the responsible persons in the respective departments below (telephone and e-mail addresses).

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **Contact Details** |
| Management | *Name of the contact person.* | Tel: *telephone number* |
| E-Mail: *email address* |
| Sales | *Name of the contact person.* | Tel: *telephone number* |
| E-Mail: *email address* |
| Project Management | *Name of the contact person.* | Tel: *telephone number* |
| E-Mail: *email address* |
| Quality | *Name of the contact person.* | Tel: *telephone number* |
| E-Mail: *email address* |
| Logistics | *Name of the contact person.* | Tel: *telephone number* |
| E-Mail: *email address* |

# Financial Data

Please select your local currency: *local currency*

*If your local currency is not listed, please provide it here.*

Please enter all of the following numbers in your local currency.

**Annual Turnover**

|  |  |  |
| --- | --- | --- |
| **2016** | **2017** | **2018** |
| *annual turnover* | *annual turnover* | *annual turnover* |

**Investment Volume**

|  |  |  |
| --- | --- | --- |
| **2016** | **2017** | **2018** |
| *investment volume* | *investment volume* | *investment volume* |

Do you have **Global Extended Product Liability Insurance**?

*Please select.*

If so, please state the name of the **insurance company** and the **insurance amount**.

|  |  |
| --- | --- |
| *insurance company* | *sum insured* |

# Management Systems

Are your (integrated) management systems or other areas of your company certified?

|  |  |  |  |
| --- | --- | --- | --- |
| *quality management system* | ISO 9001:2015 | IATF 16949:2016 | VDA 6.1 |
| *environmental management system* | ISO 14001:2015 | | |
| *information security management system* | ISO 27001:2017 | TISAX | |
| *functional safety* | ISO 26262:2011 | | |
| *electronics manufacturing* | IPC Standard | | |
| *Other* | *Please enter other certifications here.* | | |

**When returning this Supplier Self-Disclosure Form, please include copies of the certificates listed above.**

Are you planning any certification(s)? If so, when and according to what standard?

|  |  |  |
| --- | --- | --- |
| **Date** | **Department (e.g. QM, UM, ...)** | **Norm/Standard** |
| *Please indicate planned date.* | *Please list the department to be certified here.* | *Please enter the norm or the standard here* |
| *Please indicate planned date.* | *Please list the department to be certified here.* | *Please enter the norm or the standard here* |
| *Please indicate planned date.* | *Please list the department to be certified here.* | *Please enter the norm or the standard here* |

**Please have your quality management expert or management representative answer the following questions.**

|  |  |  |
| --- | --- | --- |
| 1. Does your company have a quality manual? | yes | no |
| 1. Which of the following methods/processes do you use? |  | |
| APQP  Automotive Spice  8D |
| IMDS  FMEA  SPC |
| EMPB according to VDA or PPAP  MSA |
| *Please indicate other methods/processes used here.* |  |  |
| 1. Do incoming goods (parts, components, assemblies) have to go through an immediate quality inspection? | yes | no |
| 1. Are defective parts marked and stored separately (blocked stock) to avoid mix-ups? | yes | no |
| 1. Does your company have preventive maintenance plans for machines and systems in place? | yes | no |
| 1. Does your company perform external (suppliers) and internal audits? This may be done by enlisting third-party services (e.g. TÜV). | yes | no |
| 1. Is your company familiar with all current and applicable environmental laws and regulations? | yes | no |
| 1. Do either your products, by-products or waste represent risks to the environment? | yes | no |
| 1. Do you know your environmental aspects and have you evaluated them? | yes | no |
|  |  |  |
| **Continued on next page.** |  |  |
|  |  |  |
| 1. Do you have an environmental policy and is it known throughout the company? | yes | no |
| 1. Does your company issue an environmental report? | yes | no |
| 1. Is there a Code of Conduct in place that applies to the company itself as well as to your business partners? | yes | no |
| 1. Do you have a written policy for equal opportunities and equal treatment of all employees? | yes | no |
| 1. Is occupational safety, health protection, fire and environmental protection guaranteed? | yes | no |
| 1. Do you have a written policy against coercive and disciplinary measures? | yes | no |
| 1. Do you have a written policy against corruption, gifts and other benefits from/to business partners? | yes | no |
| 1. Do you perform regular internal audits to assure that compliance guidelines are followed? | yes | no |
| 1. Do you know all production sites of your sub-contractors? | yes | no |
| 1. Is there a person in your company to whom violations of corporate policies can be reported in confidence? | yes | no |
| 1. Does your company perform occupational safety audits on a regular basis and are resulting measures being defined and implemented? | yes | no |

# Production and Delivery Program

|  |  |  |
| --- | --- | --- |
| Do you already produce/supply to the automotive industry? | yes | no |
| If yes, please indicate the supplier status (tier 1, tier 2, etc.): | | |
| *Please tell us your highest supplier status (= position in the supply chain, counting the OEM as “0”).* | | |

Main customers (please provide a sales breakdown for each):

*Main customers with sales breakdown.*

Please list the product groups that are part of your core business.

*Product groups of your core business.*

In your opinion, which products in your portfolio are particularly competitive?

*Outstanding and powerful products from your product range.*

**Depending on the industry, additional information on the manufacturing processes you use may be helpful. Please enter information in the following field.**

*For example via internal/external toolmaking, availability of assembly systems for electronic components, possibility of potting electronic components (HotMelt, etc.).*

# Testing and Measuring Equipment

Please list any relevant means/tests, which you are able to perform, both electronic-specific (e.g. ICT, AOI, boundary scan, X-ray...) and mechanic-specific (e.g. salt spray test, climate change cabinet, gloss level measurement...).

## Laboratory Equipment and Testing

### In-house Facilities

*Please describe the laboratory facilities and tests that you can perform in-house.*

### External Facilities

*Please describe and name the laboratory facilities and tests that you regularly outsource to external partners.*

## Tests Accompanying Series Production

### In-house Tests

*Please describe the tests that you can carry out in-house during series production.*

### External Tests

*Please describe the tests you regularly assign to external partners and name them.*

# General Quality and Delivery Performance

|  |  |  |
| --- | --- | --- |
| Do you record your customers’ satisfaction? | *yes* | *no* |

If yes, please provide us with current results.

*Please indicate the result of your last customer satisfaction survey.*

|  |  |  |
| --- | --- | --- |
| Do your customers conduct supplier ratings? | *yes* | *no* |

If yes, please give an example of the result you scored.

*Please indicate the result of the last supplier evaluation by your customers.*

Do you rate the following quality objectives?

|  |  |  |
| --- | --- | --- |
|  |  | Current target value |
| *Quality costs (Cost of Quality)* |  | *CoQ target for 2019.* |
| *Complaint rate (regarding Σ of deliveries in %)* |  | *Target % for the year 2019.* |
| *Defective parts (in ppm)* |  | *Target ppm for 2019.* |

If so, please provide the results of the last three years.

|  |  |  |
| --- | --- | --- |
| **Quality costs (Cost of Quality)** | | |
| **2016** | **2017** | **2018** |
| *quality costs* | *quality costs* | *quality costs* |
| **Complaint rate (regarding Σ of deliveries in %)** | | |
| **2016** | **2017** | **2018** |
| *complaint rate* | *complaint rate* | *complaint rate* |
| **Defective parts (in ppm)** | | |
| **2016** | **2017** | **2018** |
| *ppm* | *ppm* | *ppm* |

|  |  |  |
| --- | --- | --- |
| *Place, Date* |  | *signatory* |
| Place, Date |  | Signature |

With your signature and the company stamp, you confirm the accuracy of the information provided above.