

Supplier Self Assessment

Company _____
Address _____
City _____
Country _____
Postcode _____

Phone _____
E-Mail _____
Homepage _____

General Information

Year of Foundation _____
Owner _____
Total Employees _____
Certifications _____
Holding Company _____
Subsidiaries _____

	First Name	Last Name
General Manager	_____	_____
Sales Manager	_____	_____
Procurement Manager	_____	_____
Production Manager	_____	_____
Engineering Manager	_____	_____
Quality Manager	_____	_____

	Phone	E-Mail	Communication Languages
General Manager	_____	_____	_____
Sales Manager	_____	_____	_____
Procurement Manager	_____	_____	_____
Production Manager	_____	_____	_____
Engineering Manager	_____	_____	_____
Quality Manager	_____	_____	_____

Financial Data from the Last 5 Years

Year					
Turnover					
Operating Results					

Currency: _____

Field of Activity

Core Competences

Documentation

- Brochures and Product Information
- Reference List
- Organisation Chart
- List of machines and equipment
- Annual report

Supplier Comment

Pace, Date _____

Name _____

Function _____

Signature _____