





Adolf Würth GmbH & Co. KG · 74650 Künzelsau

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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 „Quality/Environment“ 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:

- Certificates
- Financing agreement
- Completed insurance certificate
- Security declaration
- Completed Supplier Self-Assessment
- Contract

All information given in this questionnaire is binding!

PLEASE NOTE:

You are expected to comply with our Conditions of Purchase (incl. ILO) and our supplier guidelines. These documents, as in effect at any given time, can be viewed at www.wuerth.de/Lieferanten

Kind regards,

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: _____ Email: _____

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: _____
(if none, please fill in page 3)

Certificates: ISO 9001 EMAS IQNET SR 10
 ISO 14001 EMASplus OHSAS 18001
 SA 8000 ISO 50001 TS 16949 BS OHSAS 45001
 AMFORI BSCI Audit Ecovadis Bewertung: _____
 Other certificates (Environment/Social): _____
 (please enclose all certificates and declarations as PDF)

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

SUPPLIER SELF-ASSESSMENT 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 | <hr/> | <hr/> | |
| Material damage | <hr/> | <hr/> | |
| Financial loss | <hr/> | <hr/> | |
| Product liability damages | <hr/> | <hr/> | |
| Recall costs | <hr/> | <hr/> | |

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sub limit (amount insured) | <hr/> |
| Watercraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sub limit (amount insured) | <hr/> |
| Motor vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sub limit (amount insured) | <hr/> |
| Aircraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sub limit (amount insured) | <hr/> |
 - 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

Name (company) _____
Street _____
Postal code/town _____
Country _____
Phone _____
Email _____

SUPPLIER
SELF-ASSESSMENT
SECURITY DECLARATION

for Authorized
Economic Operators

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