|  |  |  |
| --- | --- | --- |
| Supplier Company Name: |  |  |
| Supplier Company Address  |  |  |
| Name and Country of Headquarter |  |  |
| Start of your Financial Year:e.g. 1st Jan. or 1st Oct? |  |  |
| Number of Employee total | Current Financial year: | Last Financial year: |
| Sales Volume in Euro*State currency (if not in Euro)* | Current Financial year: | Last Financial year: |
| 2 Main Customers (for reference) within last 12 months |  |  |
| Main Material Field | Company Scope of Service (Product group) |  |
| Supplier contact for Quality reason: email and job-title | NAME printed/ Job title | Email: |
| Supplier contact for Agreements/Contracts/Pricing | NAME printed/ Job title | Email: |

**Restricted.** Print outs are uncontrolled copies.

Quality Management Certification and Environmental, Health and Safety Protection Certification of Supplier:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| X | Certification | Year | Certifier / Auditor | Expiry Date(yyyy-mm-dd) | Location(s) if applicable |
|  | ISO 9001  |  |  |  |  |
|  | ISO 13485 |  |  |  |  |
|  | ISO/TS 16949 |  |  |  |  |
|  | ISO/IEC 17025 |  |  |  |  |
|  | ISO/IEC 20000 (ITIL) |  |  |  |  |
|  | ISO/IEC 27001 (ISMS) |  |  |  |  |
|  | ISO 14001 |  |  |  |  |
|  | OHSAS 18001 |  |  |  |  |
|  | Others: Please specify |  |  |  |  |
|  | **Not certified / Not audited** |  |  |  |  |

**Manufacturer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of manufacturer (1) |  | Name of manufacturer (2) |  |
| Address of Manufacturer |  | Address of Manufacturer |  |
| Main Material field |  | Main Material Field |  |

Quality Management Certification and Environmental, Health and Safety Protection Certification of Manufacturer:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| X | Certification | Year | Certifier / Auditor | Expiry Date(yyyy-mm-dd) | Location(s) if applicable |
|  | ISO 9001  |  |  |  |  |
|  | ISO 13485 |  |  |  |  |
|  | ISO/TS 16949 |  |  |  |  |
|  | ISO 14001 |  |  |  |  |
|  | OHSAS 18001 |  |  |  |  |
|  | Others: Please specify |  |  |  |  |
|  | **Not certified / Not audited** |  |  |  |  |

|  |
| --- |
| **Please provide copy of the Company Profile, Organization Chart and all QMS Certificates via fax or email to your contact person in Procurement Department within WS Audiology!** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |   |  |  |

Place, Date Name (Printed) Signature Company Stamp

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