

KÖRBER Group

Business Area Tobacco

Supply Management

Supplier Questionnaire

Supplier specification	Manufacturer Dealer	<input type="checkbox"/>	Sub-con Services	<input type="checkbox"/>	Supplier no.
Industrial Sector					SIC-no.
General Data					
Short name					
D-U-N-S-No.					
Name					
Address					
Phone					
Fax					
E - mail address/Web					WEB - page
Visitor address					
Language					
Legal structure					
Founded (year)					
Shareholders					
Cooperations					
Group member of					
Locations of production					
Employers' association	<input type="checkbox"/>	Yes	_____	<input type="checkbox"/>	No
Supplier since	<input type="checkbox"/>	date	_____	<input type="checkbox"/>	New
Contact Partner	Name	Function	Phone	Fax	E - Mail
Management					
Sales					
Shipping					
Foreign trade					
Manufacturing					
Quality Management					
R&D/Design					
After Sales/Service					
Purchasing					
Finance/Controlling					

Supplier Questionnaire

Product Range - Main Products -, Technologies, Measurement tools

Please state eClass- and/or UNSPSC-code if available

	<input type="checkbox"/>	air conditioned measuring room
	<input type="checkbox"/>	List of machinery
	<input type="checkbox"/>	Company brochure

Reference Customers

Company Data

	Last fiscal year	Current fiscal year	Next f. year (expect.)
Turnover with Körber Group			
Total turnover			
Export share in %			
Balance sheet total			
Equity capital			
Annual net profit			
Number of employees total			
Number of employees administration			
Number of employees production			
Number of employees quality management			
Number of employees traineeship			

Assessment/Evaluation market position, situation of the market

Foreign trade

Preferential origin status: Y = preferential origin status / preferential + non-preferential status mixed
 Country of origin statement: SD = on long term declaration / on short term declaration / on IHK declaration
 Kind of declaration: Y = long term preferential status / long term IHK declaration

Corporate Social Responsibility

	<input type="checkbox"/>	Code of conduct
	<input type="checkbox"/>	EHS ISO 14001

Quality Management

Quality Certifications	<input type="checkbox"/>	DIN/CEN/ISO _____	dated _____	
	<input type="checkbox"/>	Others by _____	dated _____	

Software

ERP system	<input type="checkbox"/>	Yes _____	<input type="checkbox"/>	No
Commodity management	<input type="checkbox"/>	Yes _____	<input type="checkbox"/>	No
Design software	<input type="checkbox"/>	Yes _____	<input type="checkbox"/>	No

Remarks

Date _____ Originator _____