**SUPPLIER SELF-DISCLOSURE QUESTIONAIRE**

We consider a reliable supply base as a crucial success factor for our business and company. In preparation of a potential and lasting business relationship with your company, we would like you to answer the questions in the attached supplier self-disclosure questionnaire. This enables CMBlu to have a first impression about your company and contributes to our obligations concerning a binding KYC/S-check. Your complete and correct feedback is a pre-condition for a future collaboration with CMBlu. **In case your company is not the original manufacturer or provider of the products, goods, and services you offer to us, we kindly ask you to provide further information concerning the original source of origin.** Thanks in advance for your support and collaboration!

**Minimum-requirements to new suppliers:**

• The supplier has a certified quality-management system according to ISO 9001 in combination with a valid certificate of an accredited company in place or is planning to do so prior to the start of supply to CMBlu.

• The supplier can assure the communication in German and/or English between all relevant departments (purchasing, R&D, quality, and logistics).

• CMBlu, a third-party instructed by CMBlu or customers of CMBlu are allowed in duly justified cases to visit and/or audit the supplier location.

• Prior to the exchange of sensitive or confidential data the supplier is willing to sign an NDA.

• The supplier accepts and assures compliance with fundamental legal, ethical, and social standards and regulations based on the Code of Conduct (behavior policy) of CMBlu.

• The supplier accepts, if applicable, his duty to provide information concerning the conflict minerals regulation and harmful/pollutant substances regulations (e.g., REACH).

• The supplier provides the complete and correct self-disclosure questionnaire (attached).

**Data protection statement:**

The submission of the requested data is voluntary. Data will be treated confidential according to the NDA between CMBlu and the supplier. The self-disclosure questionnaire will be captured and stored by CMBlu’s IT-system. A withdrawal of your consent is possible at any time, without impacting the legitimacy of captured and stored data prior to the withdrawal. CMBlu will neither forward nor share these data with any third party. The processing of data in the light of establishing contacts with CMBlu is going to happen according to art. 6 par. 1 S. 1 lit. a DSGVO based on your voluntary acceptance.

1. **About your company**
   1. General information

|  |  |
| --- | --- |
| Description: | Your entry: |
| Full legal company name: | Click or tap to enter text. |
| DUNS number: | Click or tap to enter text. |
| Tax identification number: | Click or tap to enter text. |
| Legal form: | Click or tap to enter text. |
| Company established in (year): | Click or tap to enter text. |
| Registered address and operating address (if deviating):  Please attach a certificate of registration for the company. | Click or tap to enter text. |
| Trade register extract (please attach): | Click or tap to enter text. |
| Telephone and fax number: | Click or tap to enter text. |
| E-Mail: | Click or tap to enter text. |
| Company website: | Click or tap to enter text. |
| Affiliation of the company (short summary).  Please submit the organizational chart including the corporate tree, including the ultimate owner and the beneficial owner of the company. | Click or tap to enter text. |
| Main business of the company? | Click or tap to enter text. |
| Is the company government owned or controlled? | Click or tap to enter text. |

|  |  |
| --- | --- |
| Beschreibung: | Ihr Eintrag: |
| If the company is a public listed company or equivalent, please list or attach the list of the latest identified top 10 shareholders. | Click or tap to enter text. |
| If the company is not a public listed company, please list the names of all shareholders, owners, or principals, with an interest/share of 10% and more. | Click or tap to enter text. |
| Please list or attach a list of the full names of the members of the company’s Board of Directors and legal representatives. | Click or tap to enter text. |

* 1. Major point of contacts for CMBlu at the supplier

|  |  |  |  |
| --- | --- | --- | --- |
| Description: | Name: | Telephone/-extension: | E-Mail: |
| Board of Directors: | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| Sales: | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| R&D / Technical Dept.: | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| Quality Management: | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| IT-Responsible: | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |

* 1. Business development

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fiscal year: | Turnover: | EBIT: | Total capital: | Equity capital: | Employees: |
| 2018 | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| 2019 | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| 2020 | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| 2021 (Plan) | Click or tap to enter text. | X | X | X | Click or tap to enter text. |
| 2022 (Plan) | Click or tap to enter text. | X | X | X | Click or tap to enter text. |

* 1. Locations

Where is your company operating and to what extend?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Region: | Administration/HQ Yes/No | Manufacturing  Yes/No | Sales  Yes/No | R&D  Yes/No |
| West.-/Central-EU | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| East-EU | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| North America | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| South America | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| Africa | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| Asia | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |

* 1. Financial stability

Are you in possession of a rating of your company’s financial stability issued by an accredited organization (Euler/Hermes, Scope, D&B, Creditreform, Moody’s, Fitch, S&P)?

Yes  No

|  |  |
| --- | --- |
| Name oft he accredited organization: | Click or tap to enter text. |
| Date of your last rating: | Click or tap to enter text. |
| Result/score of your current rating: | Click or tap to enter text. |

Is your business covered by a trade credit insurance?

Yes  No

|  |  |
| --- | --- |
| Name of the institution/insurance comp.: | Click or tap to enter text. |
| Coverage: | Click or tap to enter text. |

Is your business covered by a product liability insurance?

Yes  No

|  |  |
| --- | --- |
| Name of the institution/insurance comp.: | Click or tap to enter text. |
| Coverage (in total / per incident): | Click or tap to enter text. |

Is your business covered by a product recall insurance?

Yes  No

|  |  |
| --- | --- |
| Name of the institution/insurance comp.: | Click or tap to enter text. |
| Coverage (in total / per incident): | Click or tap to enter text. |

* 1. Reference customers and performance

Please provide the information requested below concerning your 5 biggest customers (by turnover) and your current performance evaluation (e.g., A, AB, B, C) by these customers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Customer: | Branch/Sector: | Customer since: | Share of this customers turnover in % of your total turnover: | Evaluation of your company’s performance by this customer: |
| Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
| Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |
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| Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. | Click or tap to enter text. |

* 1. Management system and certificates

Please share the information, which certifications listed below are in place at your company, how long these certificates are valid or until when you are planning to become certified.

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate: | Existing? | Valid until (dd.mm.yyyy): | Planned for (yyyy): |
| IS 9001 | Yes No | Click or tap to enter text. | Click or tap to enter text. |
| EN 9100 | Yes No | Click or tap to enter text. | Click or tap to enter text. |
| EN 9120 | Yes No | Click or tap to enter text. | Click or tap to enter text. |
| IATF 16949 | Yes No | Click or tap to enter text. | Click or tap to enter text. |
| 2014/34/EU | Yes No | Click or tap to enter text. | Click or tap to enter text. |
| ISO 14001 | Yes No | Click or tap to enter text. | Click or tap to enter text. |
| ISO 50001 | Yes No | Click or tap to enter text. | Click or tap to enter text. |
| ISO 27001 | Yes No | Click or tap to enter text. | Click or tap to enter text. |

* 1. Compliance and entrepreneurial responsibility

Does your company have principles concerning compliance and entrepreneurial responsibility defined, which are valid for all employees?

Yes  No

Does your company observe the ILO Declaration on Fundamental Principles and Rights at Work and other legal regulations concerning minimum wages?

Yes  No

Does your company have health- and safety-protection rules at work in place?

Yes  No

Please confirm to the best of your knowledge whether your products contain conflict minerals according to the Dodd-Frank-Act or not.

Yes  No  Not applicable

Please confirm, that the ingredients of products/goods supplied to CMBlu – in line with the relevant requirements of the REACH-regulations – will be effectively pre-registered, registered, except to be registered and, if applicable, approved.

Yes  No  Not applicable

1. **Competencies**
   1. Products, processes, and competencies

Is your company the original manufacturer of the products/goods/service offered to CMBlu **or** predominantly the distributor or licensed trade partner of the manufacturer?

Original Manufacturer  Distributor/licensed trade partner

When you aren’t the manufacturer, who is the manufacturer of the products offered to CMBlu?

|  |  |
| --- | --- |
| Company: | Click or tap to enter text. |
| Address: | Click or tap to enter text. |
| Contact: | Click or tap to enter text. |

When you are the manufacturer: what are the major products / product segments or services offered by your company and to what extend?

|  |  |  |  |
| --- | --- | --- | --- |
| product(segment) / service: | In-house R&D:  Yes / No | In-house manufacturing:  Yes / No | In-house distribution:  Yes / No |
| Click or tap to enter text. | Yes No | Yes No | Yes No |
| Click or tap to enter text. | Yes No | Yes No | Yes No |
| Click or tap to enter text. | Yes No | Yes No | Yes No |
| Click or tap to enter text. | Yes No | Yes No | Yes No |
| Click or tap to enter text. | Yes No | Yes No | Yes No |
| Click or tap to enter text. | Yes No | Yes No | Yes No |
| Click or tap to enter text. | Yes No | Yes No | Yes No |
| Click or tap to enter text. | Yes No | Yes No | Yes No |

When the scope of supply is on products/goods: what are the most relevant manufacturing technologies within your company?

|  |  |
| --- | --- |
| Technology | Subcategories / further details |
| Click or tap to enter text. | Click or tap to enter text. |
| Click or tap to enter text. | Click or tap to enter text. |
| Click or tap to enter text. | Click or tap to enter text. |
| Click or tap to enter text. | Click or tap to enter text. |
| Click or tap to enter text. | Click or tap to enter text. |

Does your company possess:

An in-house tool-shop?

Yes  No

Capabilities to simulate a design or process referring to technology and/or customer requirements (e.g., materials, manufacturing processes, software)?

Yes  No

In-house testing and laboratory equipment and capabilities?

Yes  No

* 1. Methodology / competencies to support quality planning and assurance

Which methods do you practice / use for quality planning and assurance?

Yes  No APQP

Yes  No D-FMEA

Yes  No P-FMEA

Yes  No SPC – Statistical Process Control

Yes  No Incident management by 8D-reports

Yes  No Production process- and product release PPR

Yes  No Inspection process suitability and capability

Yes  No Production Part Approval Process PPAP

Yes  No First Article Inspection FAI

Yes  No Production control plan PLP

In case the methods above are not applicable to your potential scope of supply for CMBlu: which relevant methods to support quality related requirements are in place within your company?

|  |
| --- |
| Click or tap to enter text. |
| Click or tap to enter text. |
| Click or tap to enter text. |

1. **IT / electronic data processing**

If applicable: Which CAD-software is your company using?

|  |
| --- |
| Click or tap to enter text. |
| Click or tap to enter text. |
| Click or tap to enter text. |

If applicable: in which data formats can your company import / export data?

|  |
| --- |
| Click or tap to enter text. |
| Click or tap to enter text. |
| Click or tap to enter text. |

If applicable: which CAQ and ERP-system is in place in your company?

|  |
| --- |
| Click or tap to enter text. |
| Click or tap to enter text. |

Do you practice electronical data exchange per EDI for incoming orders, order confirmations and invoices with you existing customers?

Yes  No

Herewith the potential supplier or business partner confirms that the information provided in this document is complete and correct and that he will fulfill the minimum requirements as mentioned on page 1 of this document.

|  |  |
| --- | --- |
| Company: | Click or tap to enter text. |
| Name, first name: | Click or tap to enter text. |
| Title: | Click or tap to enter text. |
| Department: | Click or tap to enter text. |
| Place, date: | Click or tap to enter text. |
| Company stamp: |  |
| Signature: |  |