

Supplier self-assessment form

Adress and contact details	
Company*	Additional name
Street*	No.*
Town / city*	Postcode*
Country*	
Telephone switchboard*	Fax switchboard*
E-Mail*	Website
VAT number	Commercial register no.

Contact persons	Name	Tel. no.	E-Mail
Managing Director*			
Order processing*			
Sales Manager*			
Marketing Manager*			
Quality Management*			

Bank / postal account
Bank / post office*
Domicil of the bank / post office*
Clearing no. / sort code*
Account no.*
IBAN*
Currency*
SWIFT Code

Delivery and payment terms and conditions	Notes
Payment term*	End of the month + 63 days
Incoterms 2010*	In Switzerland (free delivery) abroad (DDP) / Place of delivery Däniken / Nebikon
Delivery time in working days*	
Deductions for returns in %*	

General informations		Notes
Revenue in last calendar year*		
Number of employees*		
Manufacturer / distributor*	Manufact.	Distributor
Products*		
Market share in CH*		
Competitors		
References*		
Certifications*	ISO 9001	ISO 14001
Insurance policy* (send as attachment)		
Product liability* (send as attachment)		

Signature of supplier

Hereby we confirm the accuracy of the preceding details:

Town, date

Name, signature, company stamp

Supplier classification (not to be filled by supplier)

Why has this supplier been chosen?

Have existing suppliers been checked?	Yes	Which?
	No	Note

Expected revenue

Product group number

Role of the supplier**

Meier Tobler approval (not to be filled by supplier)

	Name / Role	Position	Signature	Date
Purchase approved				
PM / SL approved				
Not approved	Notes:			

*Mandatory field or note
 **Goods, services, transport