

# Supplier self-assessment form

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

  

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

  

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

  

<b>Delivery and payment terms and conditions</b>	Notes
Payment term*	Discount 30 days 2% 60 days net
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