

Dear Sir or Madam,

According to our company policy we want to cooperate only with sustainably operating suppliers. We kindly ask you to fill out this self-disclosure, to give us a chance to evaluate the potential for cooperation.

The correct and complete handling and transmittal of these documents is very important for us. We kindly ask you to answer the following questions thoroughly and truthfully – as well as to ensure that missing information will not be interpreted to your disadvantage.

Further information can be found on our website <http://supplierinfo.woma.de>

Please add the following documents to the self-disclosure to get a complete supplier profile:

- Company brochure, financial statements, customer reference list
- Product certificates and certificates of management systems (Quality, Environmental, Occupational, Health & Safety etc.)
- Machine inventory list, test plans, list of measurement equipment
- Results of customer audits

Furthermore we need the following documents for the release of suppliers:

- Acknowledgement to obey the Woma Code of Conduct (Principles of Social Responsibility)
- Declaration of substances (suppliers declaration of substances according to Kärcher standard 050.032)

Optional:

- Quality Assurance Agreement
- Quality Target Affirmation
- Product-specific supplementary questions and agreements

Please send the documents to your respective contact person.

Kind regards

WOMA GmbH
Quality Management

Supplier Self Disclosure



WOMA internal (purchase dept.)

| | | | |
|-------------------------|---|-------------------------------------|---|
| Business segment | <input type="checkbox"/> Production material | <input type="checkbox"/> Goods | <input type="checkbox"/> Disposal company |
| | <input type="checkbox"/> Service | <input type="checkbox"/> Conveyance | <input type="checkbox"/> Advertising material |
| | <input type="checkbox"/> Construction work with exemption certificate | <input type="checkbox"/> Others: | |

Supplier

| | | |
|----------------|----------|-----------|
| Address | Firm: | |
| | Address: | |
| | Country: | Homepage: |

| Contact | | Name | Phone | E-mail | Language | |
|----------------|---------------------|------|-------|--------|--------------------------|--------------------------|
| | | | | | GE | EN |
| | General Manager: | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Quality-Manager: | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sales/ Disposition: | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|----------------|--------------------------------------|--|
| Company | Owner: | |
| | Type of company/ Date of foundation: | |
| | Other production sites: | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note the place and number of the employees: |
| | Important customers: | |
| | Do you supply to Woma competitors? | <input type="checkbox"/> Yes <input type="checkbox"/> No Companies: |
| | Planned turnover (current year): | Export rate in %: |
| | Do you have an own production? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|-------------------|--|--------------------------------|
| Production | Product range: | |
| | Main production technology: (e. g. die casting, stamping, plastic injection etc.) | Other production technologies: |
| | Shift work: <input type="checkbox"/> Yes <input type="checkbox"/> Regular quantity: <input type="checkbox"/> Possible quantity: <input type="checkbox"/> No | Production capacity: |
| | If available, please attach a copy of the machine inventory list! | |

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|-----------------|-------------------|----------------------------|-----------------------------------|----------------------------|
| Personal | <i>Department</i> | <i>Number of employees</i> | <i>Department</i> | <i>Number of employees</i> |
| | Production | | Administration | |
| | Quality Assurance | | Development | |
| | Tool shop | | Total number of employees: | |

| | | |
|----------------|-----------------|--|
| Finance | Bank: | |
| | Bank-Code: | |
| | Account number: | |
| | Swift-Code: | |
| | Sales tax no.: | |
| | Tax no.: | |
| | SEPA: | |
| IBAN: | | |

| Quality Management | | | Woma internal | | | | |
|---|---|--|---------------|---------|--------------------------|--------------------------|--------------------------|
| | | | critical | measure | noncritical | | |
| Production plant: (please use separate sheets in case of several plants) | | | | | | | |
| 1. QM- System | | | | | | | |
| Do you have a Quality Management System? | <input type="checkbox"/> Yes <input type="checkbox"/> ISO 9001 certified by valid until: <input type="checkbox"/> ISO/TS 16949 certified by valid until: <u>Please attach the current valid certificate!</u> <input type="checkbox"/> No Planned for year: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a QM-manual? | <input type="checkbox"/> Yes, since: <input type="checkbox"/> No Planned for year: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you defined quality targets? | <input type="checkbox"/> Yes Target 1: Target 2: Target 3: Time period to check the target achievement: <input type="checkbox"/> No | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you compile statistics? | <input type="checkbox"/> Yes <input type="checkbox"/> Production failures <input type="checkbox"/> Customer complaints <input type="checkbox"/> Quality costs <input type="checkbox"/> No <input type="checkbox"/> Others: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For which process do you have process instructions? | <input type="checkbox"/> Internal Audits <input type="checkbox"/> Control of defective products <input type="checkbox"/> Control of documents <input type="checkbox"/> Corrective actions <input type="checkbox"/> Control of records <input type="checkbox"/> Preventive measures | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Which kind of QM-Tools do you use? | <input type="checkbox"/> FMEA <input type="checkbox"/> 8D-Report <input type="checkbox"/> Inspection chart <input type="checkbox"/> Poka Yoke <input type="checkbox"/> Ishikawa/ Fishbone <input type="checkbox"/> ABC-Analysis <input type="checkbox"/> SPC <input type="checkbox"/> Qualification matrix <input type="checkbox"/> Others: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Testing equipment | | | | | | | |
| Do you frequently check the measurement equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> List of measurement equipment available <u>Please attach the measure equipment!</u> <input type="checkbox"/> No | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Defect analysis and customer complaints | | | | | | | |
| Do you document the occurring defects? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you record the corrective actions? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you conduct a root cause analysis? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you monitor the effectiveness of the corrective actions? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Documents & quality records | | | | | | | |
| Did you determine a retention time requirement for documents and quality records? | <input type="checkbox"/> Yes Documents: Years Records: Years <input type="checkbox"/> No | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Supplier Self Disclosure



5. Quality testing (If so, please indicate a copy of the testing plan or add a description in the remarks)

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| Do you conduct incoming inspections? | <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Do you conduct a documented production release for every production batch? | <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Do you conduct quality inspection during production? | <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Do you conduct outgoing inspections? | <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

6. Insurance (if so, please enclose confirmation of insurance)

| | | | |
|--------------------------------------|--|---------------------|--|
| Public liability insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Limit of liability: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Product liability insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Limit of liability: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Enhanced product liability insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Limit of liability: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Environmental liability insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Limit of liability: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

7. Other QM Remarks

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| Environmental Management | | Woma internal | | |
|---|--|---------------|---------|-------------|
| | | critical | measure | noncritical |
| Production plant: (please use separate sheets in case of several plants) | | | | |
| 1. Environmental management system | | | | |
| Do you have an Environmental Management System? | <input type="checkbox"/> Yes <input type="checkbox"/> ISO 14001 certified by valid until: <input type="checkbox"/> EMAS validated by valid until: <u>Please attach the current valid certificate!</u> | | | |
| <input type="checkbox"/> No Planned for year: | | | | |
| 2. Hazardous substances | | | | |
| Is a register of hazardous substances available? | <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If so, please attach the current register of hazardous substances!</u> | | | |
| Is there a release process in place for usage of hazardous substances? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have material safety data sheets for all hazardous substances in use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| What kinds of measures are available for the handling of hazardous substances and environmentally dangerous substances? | <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Oil Water Separator <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Floor Sealant <input type="checkbox"/> Others: | | | |
| Are hazardous substances disposed by qualified companies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you check frequently check the legitimation (disposal certificates) of these companies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 3. Air pollution control | | | | |
| Do you have equipment which generates air emissions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If so, which kinds of measures have been installed to reduce the emissions? | | | | |
| Do you conduct regular checks for the air emission? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 4. Noise protection | | | | |
| Do you have equipment which generates noise emissions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If so, which kinds of measures have been installed to reduce the noise emissions? | Inside: Outside: | | | |
| Do you frequently conduct noise testing's? | <input type="checkbox"/> Yes <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> No | | | |
| 5. Other UM Remarks | | | | |
| | | | | |

| Occupational Health and Safety | | <i>Woma internal</i> | | |
|--|---|----------------------|---------|-------------|
| | | critical | measure | noncritical |
| Production plant: (please use separate sheets in case of several plants) | | | | |
| 1. Safety management system | | | | |
| Do you have a Safety Management system? | <input type="checkbox"/> Yes <input type="checkbox"/> OHSAS 18001 certified by valid until: <input type="checkbox"/> Other: certified by valid until: <i>Please attach the current valid certificate!</i> <input type="checkbox"/> No Planned for year: | | | |
| 2. Security technical support service | | | | |
| Are safety inspector and safety specialist appointed? | <input type="checkbox"/> Safety inspector number: <input type="checkbox"/> Safety specialist number: <input type="checkbox"/> Entrepreneur model | | | |
| 3. First aid | | | | |
| Which measures for the performing of first aid are available? | <input type="checkbox"/> First-aid-kit <input type="checkbox"/> Defibrillator <input type="checkbox"/> Qualified first aider number: <input type="checkbox"/> Regular education for first-aider | | | |
| 4. Safety of employees | | | | |
| Did you conduct hazard analysis for work areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| What kind of personal protective equipment do you provide? | <input type="checkbox"/> Hearing protection <input type="checkbox"/> Helmet <input type="checkbox"/> Safety shoes <input type="checkbox"/> Gloves <input type="checkbox"/> Safety glasses <input type="checkbox"/> Others: | | | |
| Do you have a regularly conduction and documentation of health and safety briefing? | <input type="checkbox"/> Yes How often: <input type="checkbox"/> No | | | |
| 5. Fire protection | | | | |
| What kind of arrangements do you have for fire protection and how often do you check them? | <input type="checkbox"/> Fire extinguisher Test interval: <input type="checkbox"/> Alarm/ Sprinkler System Test interval: <input type="checkbox"/> Evacuation route/ plan Test interval: <input type="checkbox"/> Evacuation exercise <input type="checkbox"/> Inspection by fire department <input type="checkbox"/> Others: | | | |
| 7. Other safety Remarks | | | | |
| | | | | |

Thank you for your efforts. Please contact us for further questions.

Do you generally accept a supplier audit by WOMA or respectively through a contracted third party?

Yes No

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|------|------|----------|-------|-----------|
| | | | | |
| Date | Name | Function | Stamp | Signature |