

## **Supplier Appraisal Questionnaire**



DETAILS OF COMPANY					
Company name:			Tel.:		
Tax ID number:			Fax:		
Registered office address	s:		Orders Email:		
			Share Capital:		
			Founding year:		
Post code:			Surface Area m <sup>2</sup> :		
Country:			Date of Submission:		
LAST THREE YEARS NETT TURNOVER					
Year:	Amount:				
Year:	Amount:				
Year:	Amount:				
LAST THREE YEARS NETT PROFIT					
Year:	Amount:				
Year:	Amount:				
Year:	Amount:				
MAJOR CUSTOMERS					
Company name:		% of turnover:			
Company name:		% of turnover:			
Company name:		% of turnover:			
Company name:		% of turnover:			
WORKED BOTH F					
WORKFORCE PROFILE					
Number of employees in the office:		Number of temporary workers:			
Number of employees in the workshop: Number of temporary workers:					

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## **SUPPLIER APPRAISAL QUESTIONNAIRE**



BUSINESS ACTIVITIES						
PROJECT REFERENCES						
MAIN COMPANY RESPONSIBLES						
Managing Director: Years in the p		osition:				
Technical office: Years in the po		osition:				
Quality: Years in the po		osition:				
Purchasing: Years in the po		osition:				
Financial: Years in the po		osition:				
NATIONAL INCLIDANCE AND TAY ADMINISTRATION		YES	NO			
NATIONAL INSURANCE AND TAX ADMINISTRATION		163	INO			
Attach certificate of National Insurance contributions.						
Attach Updated certificate of contributions to the tax administration agency.						
QUALITY SYSTEM		YES	NO			
Have you implemented a formal quality system e.g. ISO 9001? (If yes, please attach <b>copy</b> of the <b>certificate</b> ).						
If your company does not have a recognized quality accreditation, is it your intention to seek one in the next 12 months?						
ENVIRONMENTAL SYSTEM		YES	NO			
Have you implemented a formal environmental system e.g. ISO 14001? (If yes, please attach copy of the certificate).						
If your company does not have a recognized environmental accreditation, is it your intention to seek one in the next 12 months?						

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ADDITIONAL COMMENTS
SUPPLIER'S SIGNATURE
(Signature and stamp)
Name:
Date:

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