

Doc. ID: GLOBAL_F_PROC_353	Version: 3.0
Title: Supplier Self Description (SSD) Form	Effective Date: 2020-02-24

Supplier Company Name:		
Supplier Company Address		
Name and Country of Headquarter		
Start of your Financial Year: e.g. 1 st Jan. or 1 st Oct?		
Number of Employee total	Current Financial year:	Last Financial year:
Sales Volume in Euro <i>State currency (if not in Euro)</i>	Current Financial year:	Last Financial year:
2 Main Customers (for reference) within last 12 months		
Main Material Field	Company Scope of Service (Product group)	
Supplier contact for Quality reason: email and job-title	NAME printed/ Job title	Email:
Supplier contact for Agreements/Contracts/Pricing	NAME printed/ Job title	Email:

Quality Management Certification and Environmental, Health and Safety Protection Certification of Supplier:

X	Certification	Year	Certifier / Auditor	Expiry Date (yyyy-mm-dd)	Location(s) if applicable
	ISO 9001				
	ISO 13485				
	ISO/TS 16949				
	ISO/IEC 17025				
	ISO/IEC 20000 (ITIL)				
	ISO/IEC 27001 (ISMS)				
	ISO 14001				
	OHSAS 18001				
	Others: Please specify				
	Not certified / Not audited				

Manufacturer Information

Name of manufacturer (1)		Name of manufacturer (2)	
Address of Manufacturer		Address of Manufacturer	
Main Material field		Main Material Field	

Quality Management Certification and Environmental, Health and Safety Protection Certification of Manufacturer:

X	Certification	Year	Certifier / Auditor	Expiry Date (yyyy-mm-dd)	Location(s) if applicable
	ISO 9001				
	ISO 13485				
	ISO/TS 16949				
	ISO 14001				
	OHSAS 18001				
	Others: Please specify				
	Not certified / Not audited				

Please provide copy of the Company Profile, Organization Chart and all QMS Certificates via fax or email to your contact person in Procurement Department within WS Audiology!

Restricted. Print outs are uncontrolled copies.

Place, Date _____ Name (Printed) _____ Signature _____ Company Stamp _____