

RECA | HÄLT. WIRKT. BEWEGT.



SUPPLIER SELF-ASSESSMENT ENTRY DATA

Company:					
Name					
Street, Place					Country:
Phone					
Fax					
Email					
Website					
Terms of payment					
Incoterms					
Contact persons:	Name:	Position:	Phone:	Fax:	Email:
Managing director					
Sales organization					
Logistics					
Quality assurance					
General data:			Bank informa	ition:	
Trading company/distributor:			Name of bank:		
Manufacturer:			IBAN:		
Consignment stock:			SWIFT/BIC:		
AEO certification number:			or		
(if none, please fill in page 3))		Routing number:		
Certificates: 🗌 ISO 9001	SO 14001	ISO 18001	Account number:		
🗌 TS 16949	EMAS				
Other certificates:			Tax data		
(please enclose all certificates and declarations as PDF)			Tax identification number:		
			VATIN:		
			You have read <u>Co</u>	de of Compli	ance and confirm compliance to
			contents.		·

RN/EK/2022.05

Date/Place

RECA NORM

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Information on current insurance coverage General manufacturer's and product liability insurance including recall insurance

SUPPLIER SELF-ASSESSMENT INSURANCE

Name and address of the insurance holder/supplier

Name and address of the liability insurance company

Insurance number

Insurance cover for	sum covered	deductible amount	scope
Personal injury			
Material damage			
Financial loss			
Product liability damages			
Recall costs			

Are the following co	st items covered?				
1. Third-party costs for the combination, blending or processing of the products supplied?				☐ Yes	🗆 No
2. Third-party costs for further processing or treatment?				☐ Yes	🗌 No
3. Costs for installation or removal?			☐ Yes	🗌 No	
4. Coverage for:					
Rail	☐ Yes	🗌 No	Sub limit (amou	unt insured)	
Watercraft	☐ Yes	🗌 No	Sub limit (amou	unt insured)	
Motor vehicles	☐ Yes	🗌 No	Sub limit (amou	unt insured)	
Aircraft	☐ Yes	🗌 No	Sub limit (amou	unt insured)	
5. Assembly and mainten	ance works (if this servi	ce is rendered to the Wü	rth Group)	☐ Yes	🗆 No
6. Non-product-related se	rvices (if these services	are rendered to the Wür	th Group)		

7. Is your company a distributor or manufacturer of the products supplied to us?

🗌 Manufacturer 🗌 Distributor

Please enclose the corresponding proof of insurance from your liability insurance company that covers all the above details.





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Name (company)	SUPPLIER
	SELF-ASSESSMENT
Street	CECUDITY
Postal code/town	SECURITY
Country	DECLARATION
Phone	for Authorized
Email	Economic Operators

I hereby declare that:

- goods, which are produced, stored, forwarded or carried by order of Authorized Economic Operators (AEO), which are delivered to AEO or which are taken for delivery from AEO
 - o are produced, stored, prepared and loaded in secure business premises and secure loading and shipping areas.
 - o are protected against unauthorized interference during production, storage, preparation, loading and transport.
- reliable staff is employed for the production, storage, preparation, loading and transport of these goods.
- business partners who are acting on my behalf are informed that they also need to ensure the supply chain security as mentioned above.

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Date/Place

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