

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

RECA | HÄLT. WIRKT. BEWEGT.



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.





RECA | HÄLT. WIRKT. BEWEGT.

| 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.

RN/EK/2022.05

Date/Place

3