

SUPPLIER PROFILE

COMPANY NAME	
Address:	
City:	
Postal / Zip Code:	
Country:	
Phone:	
Fax:	
Website:	
Duns #:	
VAT #:	
Other Divisions <i>(location, product range)</i>	

CONTACTS	Name	Title	Phone nr.	Cell nr.	e-mail
Man. Director:					
Sales:					
Logistics:					
Quality:					
Engineering:					
Service:					
Emergency:					

OWNERSHIP	Public Ownership: <input type="checkbox"/>	Private Ownership: <input type="checkbox"/>	No of Owners:
Diversity (Minority) Ownership:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Only applicable to USA and Canada</i>		<i>Please provide copy of certificate</i>	
Definition: Minority Classifications			
To qualify a business must be at least 51% owned, controlled and operated by one or more...			
USA citizens who are:		Canadian Citizens who are:	
<ul style="list-style-type: none"> ▪ African American ▪ Hispanic American ▪ Native American ▪ Asian Pacific American ▪ Asian Indian American ▪ <i>Women (WBEN)</i> 		<ul style="list-style-type: none"> ▪ Aboriginal peoples ▪ Visible minorities which includes persons other than Aboriginal peoples, who are non-Caucasian in race white in color 	
Certified by the National Minority Supplier Development Council (NMSDC) or 1 of its 39 state / regional councils		Certified by the Canadian Aboriginal and Minority Supplier Development Council (CAMSC)	
Minority classifications determined by U.S. Government		Minority classifications determined by Canadian Government	

COMPANY INFORMATION	
<i>Whenever applicable always indicate units</i>	
Founding Year, # years in Business:	
Annual Sales: (€ / \$)	As 1 st Tier:
	As 2 nd or lower Tier:
Export ratio (%)	
Physical Size of Plant: (m2 / sqft)	
Current Main Customers: (% of sales)	

% Automotive Business:	
% Automotive Business with KA:	
Other Capabilities:	
Type of Products Manufactured:	
Current Main Competitors:	
% Production Capacity Available:	
Main Sub-suppliers:	Raw materials:
	Components:
	External processing:

NO. OF EMPLOYEES	Hourly	Salaried
First Shift		
Second Shift		
Third Shift		

Existing Employee Agreement: Yes No Expiry Date: _____

**Notification of contract expiry must be communicated in writing to your purchasing contact six months prior
Only applicable to USA and Canada*

Please complete the following:

#	Item	Yes	No	
1	Special Processes Company: <i>If yes, provide copy of self-assessment (a –e)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
a	Heat Treating - CQI-9	<input type="checkbox"/>	<input type="checkbox"/>	
b	Plating - CQI-11	<input type="checkbox"/>	<input type="checkbox"/>	
c	Coating - CQI-12	<input type="checkbox"/>	<input type="checkbox"/>	
d	Welding - CQI-15	<input type="checkbox"/>	<input type="checkbox"/>	
e	Injection Molding / Plastics - CQI-23	<input type="checkbox"/>	<input type="checkbox"/>	
2	EDI Capable	<input type="checkbox"/>	<input type="checkbox"/>	
3	Bar Code Capable	<input type="checkbox"/>	<input type="checkbox"/>	
4	ASN Capable	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do you have a documented quality management system (QMS)? <i>If yes, please provide copy of Certificate</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	TS16949 (QMS)	<input type="checkbox"/>	<input type="checkbox"/>	
	ISO9001 (QMS)	<input type="checkbox"/>	<input type="checkbox"/>	
	ISO/IEC17025	<input type="checkbox"/>	<input type="checkbox"/>	
	ISO14001 (EMS)	<input type="checkbox"/>	<input type="checkbox"/>	
	OHSAS18001	<input type="checkbox"/>	<input type="checkbox"/>	
	Others: (Automotive Customer Specific)			
	Warranty - CQI-14	<input type="checkbox"/>	<input type="checkbox"/>	
	LPA - CQI-8	<input type="checkbox"/>	<input type="checkbox"/>	
	Q1	<input type="checkbox"/>	<input type="checkbox"/>	
	GM BIQS	<input type="checkbox"/>	<input type="checkbox"/>	
	MMOGLE	<input type="checkbox"/>	<input type="checkbox"/>	
	VDA 6.3	<input type="checkbox"/>	<input type="checkbox"/>	
AIAG Core Tools (APQP, PPAP, FMEA, SPC, MSA)	<input type="checkbox"/>	<input type="checkbox"/>		
6	Would you supply KA a copy of your QMS Manual?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Would you be willing to have an assessment conducted by KA at your facility?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Do you review your Quality System?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Frequency (Monthly/Quarterly/Annually)?			

Supplier Financial Capability Assessment

Please complete the following Financials information

For publicly held manufacturing companies

		CAN <input type="checkbox"/>	USD <input type="checkbox"/>	EUR <input type="checkbox"/>	RMB <input type="checkbox"/>
1.	Current Assets				
2.	Current liabilities				
3.	Total assets				
4.	Retained earnings				
5.	Earnings before taxes and interest				
6.	Common shares outstanding				
7.	Price per common share				
8.	Preferred shares outstanding				
9.	Total liabilities				
10.	Sales				

For privately held manufacturing companies

		CAN <input type="checkbox"/>	USD <input type="checkbox"/>	EUR <input type="checkbox"/>	RMB <input type="checkbox"/>
1.	Current Assets				
2.	Current liabilities				
3.	Total assets				
4.	Retained earnings				
5.	Earnings before taxes and interest				
6.	Stock holders' equity as reported on the balance sheet				
7.	Total liabilities				
8.	Sales				

For privately held general companies

		CAN <input type="checkbox"/>	USD <input type="checkbox"/>	EUR <input type="checkbox"/>	RMB <input type="checkbox"/>
1.	Current assets				
2.	Current liabilities				
3.	Total assets				
4.	Retained earnings				
5.	Earnings before taxes and interest				
6.	Stock holders' equity as reported on the balance sheet				
7.	Total liabilities				
8.	Sales				
9.	Debt/equity Ratio				
10.	Current ratio				
11.	Quick Ratio				
12.	Total Net Assets				
13.	Is long term debt secured?				
14.	Operating Cash Flow				

New Suppliers must provide the following,

Buyer and or supplier development engineer will determine by region if this will apply to your company

- 1) Duns#
- 2) Credit Reports (Dun and Bradstreet)
- 3) Bank References (including how long at that bank; any other banks involved; existing letter of credit and how much; how much of the credit is utilized; existing loans, mortgages, capital leases; any nsf cheques or similar issues)
- 4) Customer and Vendor references:
- 5) Financial statements

Existing Suppliers must provide upon request:

- 6) Credit Reports (Dun and Bradstreet)
- 7) Financials
- 8) Updated Bank References

Please feel free to add any comments that will help KIRCHHOFF Van-Rob assess your capabilities:

Please fill in completely

Profile completed by:		
Name	Date	Signature
Title	Phone	

FOR OFFICE USE ONLY

Profile Requested by:			
Name	Title	Date	Signature
Corporate Quality Approval:			
Name	Title	Date	Signature
Corporate Purchasing Approval:			
Name	Title/Plant	Date	Signature