

## 1 Company Information

### 1.1 General Information

|                                       |  |                                    |  |
|---------------------------------------|--|------------------------------------|--|
| Company Name                          |  |                                    |  |
| Address                               |  | Address Supplement                 |  |
| Postal Code / City                    |  | Region/State                       |  |
| Country                               |  | Phone Number                       |  |
|                                       |  | Fax Number                         |  |
| Email                                 |  | Homepage                           |  |
| Year of foundation                    |  | Oerlikon Vendor Code (if existing) |  |
| Product type supplied or manufactured |  |                                    |  |
| Other Important Information:          |  |                                    |  |

### 1.2 Legal Structure:

- Publicly Listed     
  Privately Owned     
  State Owned  
 Other Description: *(Mandatory: at least one of the fields to be checked)*

Major Shareholder/Owner  
Holding Company:

| Subsidiaries | Type (manufacturing, distribution, service, etc.) | Location, Country |
|--------------|---|-------------------|
|              |   |                   |
|              |   |                   |
|              |   |                   |

## 2 Financial Information

### 2.1 Financial Key Figures

Currency:

|                      | 200z<br>(2 years ago) | 200y<br>(Previous year) | 200x<br>(Current year target) | 200a<br>(Next year planned) |
|----------------------|-----------------------|-------------------------|-------------------------------|-----------------------------|
| Total Sales:         |                       |                         |                               |                             |
| Sales with Oerlikon: |                       |                         |                               |                             |
| Operating profit:    |                       |                         |                               |                             |

## 3 Contacts, Employees

| Responsibility       | Name | Phone | E-mail Address | Years with Company |
|----------------------|------|-------|----------------|--------------------|
| President/CEO        |      |       |                |                    |
| CFO/Controller       |      |       |                |                    |
| Plant Manager        |      |       |                |                    |
| General Manager:     |      |       |                |                    |
| Key Account Manager: |      |       |                |                    |
| Production Manager:  |      |       |                |                    |

|                             |                                  |                                    |  |
|-----------------------------|----------------------------------|------------------------------------|--|
| Quality Manager:            |                                  |                                    |  |
| Environmental Manager:      |                                  |                                    |  |
| Engineering Manager         |                                  |                                    |  |
| Sales Representative        |                                  |                                    |  |
| Social Policy Manager:      |                                  |                                    |  |
| Export Control Manager:     |                                  |                                    |  |
| Contact person:             |                                  |                                    |  |
| <b>Number of Employees:</b> | <b>DP</b><br>Directly productive | <b>IP</b><br>Indirectly productive |  |
| Total employees:            |                                  |                                    |  |
| - Manufacturing             |                                  |                                    |  |
| - Assembly                  |                                  |                                    |  |
| - Testing/Quality Control   |                                  |                                    |  |
| - EHS                       |                                  |                                    |  |
| - Other                     |                                  |                                    |  |

## 4 Customers and Industries

| Field according to industry: | Turnover % |   | Major Customers* | Sales Volume   |
|------------------------------|------------|---|------------------|----------------|
|                              |            | % | 1.<br>2.<br>3.   | 1.<br>2.<br>3. |
|                              |            | % | 1.<br>2.<br>3.   | 1.<br>2.<br>3. |
|                              |            | % | 1.<br>2.<br>3.   | 1.<br>2.<br>3. |
|                              |            | % | 1.<br>2.<br>3.   | 1.<br>2.<br>3. |
|                              |            | % | 1.<br>2.<br>3.   | 1.<br>2.<br>3. |

Already Supplier to Oerlikon? (Yes/No):

| Oerlikon Company | Sales Volume | Products |
|------------------|--------------|----------|
|                  |              |          |

## 5 Certificates and Certifications

|   |  |   |
|---|--|---|
| <b>Does a quality management System exist and is it in place?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Comments:</b>                        |
| <b>Certificate</b>  | <b>Version</b>   | <b>Date of Certification Expiration</b> |
| <input type="checkbox"/> ISO 9001                                 |  |   |
| <input type="checkbox"/> ISO/TS16949                              |  |   |
| <input type="checkbox"/> ISO 13485                                |  |   |
| <input type="checkbox"/> AS/EN 9100 / NADCAP                      |  |   |
| <input type="checkbox"/> ISO 14001                                |  |   |
| <input type="checkbox"/> ISO 50001                                |  |   |
| <input type="checkbox"/> OHSAS 18001                              |  |   |
| <input type="checkbox"/> ISO 3834                                 |  |   |

|   |                |
|---|----------------|
|   |                |
| <b>Others</b>   | <b>Remarks</b> |
| <input type="checkbox"/> EC Declaration of Conformity, CE-Marking |                |
| <input type="checkbox"/> RoHS II (EU Directive 2011/65/EU)        |                |
| <input type="checkbox"/> REACH (EU Directive Nr. 1907/2006)       |                |
| <input type="checkbox"/> Conflict Mineral Statement               |                |
| <input type="checkbox"/> EICC                                     |                |
|   |                |
|   |                |

|  |  |
|--|--|
| <b>Is your company planning to implement a certified QM / EM system?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which and until when: |  |
| <b>If no certified management system is in place, please answer following questions:</b>   |  |
| 1. Does your company have a (quality) management manual?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does your company assess the quality performance of your suppliers?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does your company require quality records from your supplier?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does your company conduct a quality inspection of incoming goods?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does your company have suitable means to identify your products throughout product realization?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does your company have quality checks along the production process?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does your company keep quality records?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Does your company perform final quality inspection for finished goods?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Does your company have procedures in place to identify, control and remove non-conforming products?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Has your company a defined procedure for corrective measures?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Is your company conducting root cause analysis and defining preventive measures?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Does your company calibrate measuring equipment on regular base according to international standards?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Does your company agree to submit test certificates, if necessary?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Does your company have defined and implemented procedures for handling environmental, health and safety issues on site?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Does your company have procedure to ensure systematically the legal compliance of products according to environmental, health and safety related requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Does your company agree to a site visit of our auditors and grant access to relevant records, if necessary?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Are you willing to develop a quality assurance agreement with Oerlikon Balzers?:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks:   |  |

## 6 Enclosures

- General payment and delivery conditions
- Brochure and product documentation
- References of completed projects
- Organization charts
- List of production resources
- Annual report
- Quality Manual
- Self Assessment for Electrical Safety
- Additional Business Unit Specific Self Information Survey:

Comments:

## 7 Comments

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Original signature

\_\_\_\_\_  
Company stamp/official seal

\_\_\_\_\_  
Name and title of signer in block letters