**Supplier Questionnaire**

This questionnaire forms part of the JJS Manufacturing supplier assessment process and must be completed and returned prior to any formal supplier audit or full approval process.

|  |
| --- |
| **Contact Information** |
| Company Name |       | Date |  |
| Address |                           | Contact Name |  |
| Contact Position  |  |
| Contact Telephone  |  |
| E-Mail |  |
| Post Code |       | Website Address |  |

|  |  |
| --- | --- |
| **Scope of Supply** **(to JJS Manufacturing Ltd or JJS Manufacturing (Bedford) Ltd)** |       |

|  |  |  |
| --- | --- | --- |
| **Key Contacts** | **Name** | **E-Mail Address** |
| Managing Director |       |       |
| Commercial |       |       |
| Operations |       |       |
| Quality |       |       |
| Technical |       |       |
| Purchasing |       |       |

|  |
| --- |
| **Company Information** |
| Date Established |       | **Employees** |
| Financial Year End |       | Direct |       |
| Company Reg. No. |       | Indirect |       |
| VAT No. |       |  |

Is there a parent, group structure or controlling interest ?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Turnover** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| Last 5 years, most recent first |       |       |       |       |       |
| Please indicate currency:       | **This Year** | **Next Year** |  |  |  |
| Projected |       |       |  |  |  |

Financial Associations with other companies

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** | **Relationship** | **Amount** | **% Owned** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**JJS Manufacturing Standard Payment Terms are 60 days EOM**

Facilities likely to supply JJS Manufacturing (if different from Address Header)

|  |  |
| --- | --- |
| **Location** | **Main Business** |
|       |       |
|       |       |
|       |       |

Please name key customers and market sector for site and indicate % of turnover to cover >50% of turnover where possible

|  |  |  |
| --- | --- | --- |
| **Customer Name** | **Market Sector** | **% of Yearly T/Over** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Third Party Quality Approval** | **Approving Body** | **Registration Number** |
| ISO 9001 |       |       |
| AS9100/9120 |       |       |
| Other – Please specify      |       |       |

|  |  |  |
| --- | --- | --- |
| **Other Accreditations** | **Current Y/N?** | **Plans to Y/N?** |
| Environmental | ISO 14001 |       |       |
| Business Continuity | BS 25999 |       |       |
| Corporate Social Responsibility | ISO 26000 |       |       |
| Other: |       |       |       |

Please return the completed document along with;

* A company presentation
* Latest financial report
* Copies of accreditation certificate(s)

I certify to the best of my knowledge that the information supplied is accurate, complete, and current.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | **……………………………………………………………………………………..** | **Position:** | …………………………………………………………………………… | **Date:** | …………………………………………………………… |