

## REQUEST FOR INFORMATION (SUPPLIER)

**\*\*\* ENG: All fields are mandatory (if applicable) // FR: Tous les champs sont obligatoire(si applicable) \*\*\***  
**ENG: Send this filled form within 8 days (max) // FR: Retournez ce document remplis dans les 8 jours (max)**

**To the attention of the purchasing department :**

**AMPHENOL SOCAPEX**  
**Purchasing departement**  
 948, Promenade de l'Arve  
 BP29, 74311 Thyez, France

**email :** [purchasing@amphenol-socapex.fr](mailto:purchasing@amphenol-socapex.fr)  
**Tel :** +33 (0)4 50 89 28 00  
**Fax :** +33 (0)4 50 96 01 41

### A. IDENTIFICATION (Supplier)

Supplier code in Amphenol's ERP			
Commercial designation (Company name)			
Company creation date			
<b>Location</b>			
Address :		Phone :	
Postal code :		Fax :	
City / State:		eMail :	
Country :		Web site :	
<b>Legal status</b>			
Are you integrated to a group ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, precise group name ?			
Do you have subsidiaries ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, precise name & country?			

### B. COMMERCIAL ACTIVITY

<b>Annual Turnover (over the last 3 financial years) :</b>			
*Year :	Turnover/Currency :	*Year :	Turnover/Currency :
*Year :	Turnover/Currency :	*Year :	Turnover/Currency :
<b>Turnover repartition :</b>			
Turnover orientation :			
% of domestic business:		Aircraft Industrie %:	
% of foreign foreign:		Military industrie %:	
		Connectors/interconnection industrie %:	
<b>10 biggest Customers</b>			
Name		Turn Over %	
Name		Turn Over %	
#1		#6	
#2		#7	
#3		#8	
#4		#9	
#5		#10	
<b>do you currently work with the following Customers ?</b>			
Souriau	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airbus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deutsch, (TE Connectivity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Boeing	<input type="checkbox"/> Yes <input type="checkbox"/> No
EStarline	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bombardier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiall	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amphenol customer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glenair	<input type="checkbox"/> Yes <input type="checkbox"/> No	which Amphenol?	
Polamco	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nicomatic	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>do you have any running or planned Investments ?</b> Yes No			
<b>Planned Investments</b>		Amount / currency	
		Complete date	
<b>Planned Investments</b>		Amount / currency	
		Complete date	

## C. MANUFACTURING

### GENERAL ORGANIZATION

**\*\*\*Please enclose a general organization chart of your company\*\*\***

**Give us a phone number available 24h/7 (even during weekend) in case of emergency only :**

Mr. or Mrs :  Line Number:

**Give us an interlocutor to prevent Amphenol from any delivery failure:**

Mr. or Mrs :  Line Number:

**Give us an interlocutor for Logistic topics:**

Mr. or Mrs :  Line Number:   
email :

**Give us an interlocutor for Quality topics:**

Mr. or Mrs :  Line Number:   
email :

### Production Means

Does the company own :  The Ground  The Buildings Total number of employees :

Do you assess OEE ? (Overall Equipment Effectiveness)  yes  no if yes, precise the rate (%)

**Assembly lines** Number of lines :  Number of workers (full time equivalent):

**Machine lines** Fleet Composition (Type of machines) :  \*you can join a plant-machines layout

## D. Compliance & Certifications

Do you track and manage your compliance with norms and regulation documents ? (dedicated service/responsible...)  yes  no

Do you have a document describing your Quality Management Assurance ?  yes  no

### QUALITY MANAGEMENT ASSURANCE

Are you Certified: (join certificate)	Revision (&Certificator)	Last certification date :
*ISO 9001 : <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>
*EN/AS 9100 : <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>
*Other (Precise) <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>
*Financial Certification <input type="checkbox"/> yes <input type="checkbox"/> none	<input type="text"/>	<input type="text"/>

### BORDERS & CUSTOMS TRADE PARTNERSHIP

Are you Certified: (join certificate)	Revision (&Certificator)	Last certification date :
European AEO <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>
North America C-TPAT <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>
*Other (Precise) <input type="checkbox"/> yes <input type="checkbox"/> none	<input type="text"/>	<input type="text"/>

### FINANCIAL STABILITY (Last Financial YEAR) (precise the currency)

Cash Available	Ownership	Liabilities	Operating expenses (or costs)	Operation Income	Net income (or loss)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### ENVIRONMENT AND SAFETY - Sustainable development

\*Have you implemented documented activities related to business ethics? (against : corruption, money laundering, counterfeiting, etc.)  yes  no

\*Are you engage in any Corporate Social Responsibility ? (or do you have some objectives in this goal)  yes  no

\*Do you ensure safe and healthy working conditions for workers ? (with the aim of avoiding risks and preventing accidents)  yes  no

\*Does the top management impulse an environment policy with clear objectives (Environment protection, waste sorting, Air quality monitoring)  yes  no

Are you Certified : (join certificate)	Revision (&Certificator)	Last certification date :
*ISO 14001 : <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>
*OHSAS18001 / ISO45001: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/>	<input type="text"/>