

This SPIQ document aims at collecting brief information about your company and supply capabilities. This information is used by PSM to conduct supplier qualification and selection. PSM does not intend to acquire any confidential information through the SPIQ and requests accurate and complete documentation. The information provided will not be shared outside the PSM organisation.

Please complete the SPIQ document and attach relevant documentation.

Chapters to be filled in: Chapter 1 2 3 4 5 6
Chapter 7 8 9 10 11 12

To be completed by all suppliers

| | |
|--------------------|------------|
| SPIQ completed by: | Date |
| | |
| Name / Position | Signature |

To be completed by PSM buyer

| | |
|------------------------------|------------|
| SPIQ evaluated by PSM buyer: | Date |
| | |
| Name / Position | Signature |

1. Company Background Details

Company Name:

Company VAT Registration Number:

Place of incorporation / registration:

Year of incorporation / registration:

Company Tax Certificate Number:

Company Address (Street, City, Postal Code, Country):

.....

Date Company/Business formed:

Trading Name:

Trading Address:

Principal Bank Name:

.....

Company Contact Name:

Phone: Fax:

E-mail:

Website:.....

Parent Name:

Parent Company Registration Number:

Country of Incorporation:

Parent Company Address (Street, City, Postal Code, Country):

.....

Are you registered by Dun & Bradstreet? *If yes, please provide DUNS-No.*

Section 1 to be evaluated by PSM buyer

2. Organization

Organization chart attached: Yes No *If No, please identify key representatives:*

CEO or General Manager:

Production Manager:.....

Engineering Manager:

Sales Manager or Customer Service Mgr:

Quality Manager:

EHS Manager:

Number of Employees Total:

This Site:..... Permanent:..... Temporary:.....

Engineering:..... R & D:..... Production:.....

Purchasing:..... QA/QC:..... Other:.....

Section 2 to be evaluated by PSM buyer

3. Commercial Aspects

Ownership (please mark applicable): public private

If private, please give name and percentage of your main shareholders:.....

Please describe shareholder structure of your company:

Are you able to share annual reports for the last 3 years? Yes No

If yes, please attach financial reports

Important figures of the last 3 years:

| | Year N | Year N-1 | Year N-2 | Currency |
|---------------------|--------|----------|----------|--------------------------------|
| Gross annual sales | | | | <input type="checkbox"/> KUSD |
| Gross annual profit | | | | <input type="checkbox"/> KEuro |
| Gross annual loss | | | | |

Currency mainly used in your company? EUR USD other
(Please specify)

Section 3 to be evaluated by PSM buyer

4. Company Profile

What is the main business of your company? *(please mark applicable)*

- | | | | | | |
|--------------|--------------------------|-------------|--------------------------|------------------------|--------------------------|
| Manufacturer | <input type="checkbox"/> | Distributor | <input type="checkbox"/> | Service Provider | <input type="checkbox"/> |
| | | | | Manpower Supply | <input type="checkbox"/> |
| | | | | Erection/Commissioning | <input type="checkbox"/> |
| | | | | Engineering/Consultant | <input type="checkbox"/> |
| | | | | Transportation | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

If your company is a manufacturer, please answer the following:

State the location(s) of your manufacturing facilities:.....
.....

Does your company own the above manufacturing facilities? Yes No

If your company is a distributor, please answer the following:

For which manufacturers do you distribute products and/or services and where are they located?
.....
.....

If your company is a manufacturer or a distributor, please list the key products supplied by your company and attach relevant documentation (e.g. brochures):

.....
.....

If your company is a service provider, please answer the following:

What kind of services do you provide? *(Examples: site services, engineering, consultant services, etc.)*
.....
.....

Section 4 to be evaluated by PSM buyer

5. Quality Management Systems & Social aspects

5.1 Quality Management Systems:

| QUESTIONS If answer is yes, please provide certificates or relevant attachments | Quality |
|--|--|
| Does your company have a signed and valid management policy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is your company certified to the following management system? | ISO 9001:2008 Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> |
| If your company is not certified, is there a formal management system in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you in the process of implementing the following management systems? | ISO 9001:2008 Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> |
| If yes, please specify the completion date: | |
| Do you have any other certificates or approvals (e.g. welding qualification, working permits, pressure equipment directive, testing, etc.)? <i>If yes, please attach copies of official certificates</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

5.2 Social aspects and policy

Do you have a policy & procedures to ensure compliance with the **International Labour Organisation's Fundamental Conventions** regarding level of salary and benefits, working hours, child labour, forced labour, non-discrimination and freedom of association?

Yes No

If yes then please indicate how and provide example documents:

Do you ensure that your suppliers & sub-contractors are compliant with the **International Labour Organisation's Fundamental Conventions** regarding these items:

Yes No

If yes, please indicate how and provide example documents:

Do you evaluate whether your company complies with the standards defined by social regulations in your country?

Yes No

Does your company employ temporary and/or migrant workers?

Yes No

If yes, please specify: (please give average number)

Do you have policies and procedures in place regarding ethics issues (corruption & bribery, anti-competitiveness, etc.)?

Yes No

If yes, please indicate how and provide example documents:

Section 5 to be evaluated by PSM buyer

6. References

Please list your major customers, products and/or services *(or provide detailed reference list)*:

| | |
|-----------|------------------|
| Customer: | Product/Service: |
| | |
| | |
| | |
| | |
| | |

Experience with PSM:

| | | |
|----------------------|---------------------------|-------|
| PSM location/entity: | Product/Service supplied: | Year: |
| | | |
| | | |
| | | |
| | | |
| | | |

Section 6 to be evaluated by PSM buyer

7. Insurances

- Do you have an insurance to cover comprehensive general liability? Yes No
- Do you have Public Liability insurance? Yes No
- Do you have Employer's Liability insurance? Yes No

To be completed by manufacturers only

- Do you have insurance to cover product liability? Yes No

If yes, please answer below:

| Insurance type | Insurance Name | Certificate No. | Insured Sum | Expiry Date |
|----------------|----------------|-----------------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section 7 to be evaluated by PSM buyer

8. Logistics & Finance

To be completed by Manufacturers & Distributors

What system/tool do you use for Supply Chain Management and/or Production Planning (e.g. ERP-system, SAP, etc.)?
.....
.....

Do you use electronic invoicing (or are you equipped to use)? Yes No

Do you use pro forma invoicing? Yes No

What is the on-time delivery score to your customers? %

Do you measure your suppliers' performances (quality, delivery)? Yes No

Accessibility to your facilities/site *(please mark applicable)*:

Road Sea Port Railway

River Port Airport

Do you have experience in exporting goods and export packing? Yes No

Are there any import / export restrictions for your company? Yes No

Section 8 to be evaluated by PSM buyer

9. Services and Capabilities

To be completed by Service Providers

What is current capacity utilization? (in %)

Detail any proposed expansions or investment in new methods and resources?
.....

How are overload situations handled?

Please describe your work schedule:

Work hours: Shifts/Day: Days/Week:

What activities do you subcontract and who are your principal subcontractors?

Do you have a documented training/education program for your employees (e.g. engineering, testing, quality, etc.)? Yes No

Can you provide some or all of your services in different areas of the world?

(If yes, please specify services and areas) Yes No

Section 9 to be evaluated by PSM buyer

10. Production Facilities and Capabilities

To be completed by Manufacturers

What is the size of your facility

Total Area: Office Area: Factory:

Work Area: Covered: Open:

What is your facilities production capacity? (in man hours)

What is the range (i.e. size and weight) of products that you are able to manufacture and handle?
(length x width x height, diameter / kg, tons).....

Please describe your work schedule:

Work hours: Shifts/Day: Days/Week:

What is the current capacity utilisation? (in %)

How are overload situations handled?

What activities do you subcontract and who are your principal subcontractors?

Do you have in-house material testing/evaluation capability? Yes No

Do you have a documented training/education program for your employees (e.g. engineering, testing, quality, etc.)? Yes No

Manufacturing equipment list (please attach list)

Detail any proposed expansions or investment in new equipment/facilities:.....

Can you produce some or all of your products in different areas of the world?

(If yes, please specify product and areas) Yes No

Section 10 to be evaluated by PSM buyer

11. Engineering/R&D - Capabilities

To be completed by Manufacturers & Service Providers

Does your organization have engineering / design capabilities? Yes No

If yes, please describe shortly
.....

Please describe briefly the engineering services your company offers:
.....
.....

Who carries out all engineering and design activities for the products you supply?
(please specify internal / external and company / department name)
.....
.....
.....

How much money has your company **spent** on R&D in the previous three years?
Year 20 Year 20 Year 20

Do you use a CAD system for drawing / design? Yes No

If yes, which one (please specify name of product and version)
.....

What standards are used in your manufacturing / engineering processes?
ASME EN JIS GOST Others
(please specify)

Section 11 to be evaluated by PSM buyer

12. Supplier Environment, Health & Safety (EHS) Evaluation Questionnaire

| Contact Details | |
|------------------------|--|
| Company Name | |
| Contact Person for EHS | |
| Name | |
| Telephone Number | |
| E-Mail Address | |

All questions are mandatory – non-answered questions will be treated as a “no” (or “yes” for question 26)

| | Question | Response | | Evidence required at this stage | Comments |
|----|---|--------------------------|--------------------------|--|---|
| | | Yes | No | | |
| 1 | Do you have a signed and dated Health & Safety (H&S) Policy? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2 | Do you have a signed and dated Environmental Policy? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3 | Do you have objectives to improve your Health & Safety performance? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4 | Do you have objectives to improve your Environmental performance? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5 | Do you have a Health and Safety Management System? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6 | Do you have a Health and Safety Management System certified by an accredited body to a recognised standard? | <input type="checkbox"/> | <input type="checkbox"/> | Copy of Current Certificate (as .pdf file if possible) | OHSAS 18001 SCC VCA Other as agreed by PSM |
| 7 | Do you have an Environmental Management System? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | Do you have an Environmental Management System Certified by an accredited body to a recognised standard? | <input type="checkbox"/> | <input type="checkbox"/> | Copy of Current Certificate (as .pdf file if possible) | ISO 14001 Other as agreed by PSM |
| 9 | Have you identified, documented and maintained your Health and Safety risk assessments? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10 | Have you identified, documented and maintained your environmental hazards (aspects) and risks (impacts)? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11 | If you use sub-suppliers, do you assess them in terms of H&S? | <input type="checkbox"/> | <input type="checkbox"/> | | Where sub-suppliers are not used answer as 'yes' |
| 12 | If you use sub-suppliers, do you assess them in terms of Environmental issues? | <input type="checkbox"/> | <input type="checkbox"/> | | Where sub-suppliers are not used answer as 'yes' |
| 13 | Have H&S roles and responsibilities been defined in your company? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14 | Have Environmental roles and responsibilities been defined in your company? | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|----|---|--------------------------|--------------------------|---|---|
| 15 | Is EHS covered in your company's organisation chart? | <input type="checkbox"/> | <input type="checkbox"/> | Copy of Current Org Chart (as.pdf file if possible) | |
| 16 | Have your employees received documented H&S training appropriate to the task they will undertake? | <input type="checkbox"/> | <input type="checkbox"/> | | Including at least annual re-training |
| 17 | Have your employees received documented Environmental training appropriate to the task they will undertake? | <input type="checkbox"/> | <input type="checkbox"/> | | Including at least annual re-training |
| 18 | Do you have Communication and Consultation procedures or plans in place which include Environment, Health & Safety issues? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19 | Do you identify and monitor compliance with EHS, social and employment Legislation? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20 | Do you ensure any goods supplied comply with the legislation in countries of possible transit and intended use? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21 | Do you perform Health, Safety and Environmental assessment of your products and processes? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22 | Is your company free from any charges or notices served by the regulatory authorities in relation to EHS in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23 | Do you record and investigate accidents/incidents that happen in your company? | <input type="checkbox"/> | <input type="checkbox"/> | Statement of current accident/incident frequency rate, plus method of calculation | |
| 24 | Can you confirm you had zero fatalities in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25 | Do you have emergency & evacuation procedures and facilities? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26 | Do you or your sub-suppliers use any of the following substances in your manufacturing, packaging & shipping processes? | | | | Please provide details in case of "Yes" |
| | - Polychlorinated Biphenyls (PCB) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | - Chlorofluorocarbons (CFC) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | - Asbestos or Products containing asbestos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | - substances classified as EU category 1 & 2 /GHS category 1 carcinogen (GHS= Global Harmonised Standards) | <input type="checkbox"/> | <input type="checkbox"/> | | |

I confirm that the above information is correct and that further evidence to support this will be provided to PSM on request.

| Name | Position | Company | Date | Signature |
|------|----------|---------|------|-----------|
| | | | | |

Section 12 to be evaluated by PSM buyer