

Attention: **The Quality Manager**

Supplier Self-Survey Questionnaire: International Companies

Dear Sir/Madam,

Deal Leader has committed to becoming a supplier of choice for our customers. In our drive to meet the unique needs of our customers we must in turn partner with suppliers that have processes in place to help us achieve our goal.

We evaluate and approve our suppliers on a cyclic basis. The evaluation is done by means of the attached Questionnaire. This Questionnaire contains specific questions about your organization, personnel and processes. This information is treated as company confidential and will not be distributed outside the Paramount Group.

Based on the information you provide in the Questionnaire and the scope of supply to Deal Leader, we may need to schedule an audit of your organization.

Please include copies of any approvals or certificates you hold and reference in the Questionnaire.

In order for us to finalise this approval process, please complete and return the attached questionnaire within 2 weeks.

Kind Regards,

Quality Manager

NB: If questions are not applicable, please mark N/A.

Company: _____ **Year Established:** _____

Address: _____

_____ **Post Code:** _____

Company Tel No: _____ **Company Web Address:** _____

| | | | | | | | |
|---|-----------------------------|------------------|------------------|----------------|------------------------|-----------------|-----------|
| Principal Products or Services: | | | | | | | |
| | | | | | | | |
| Scope of supply to Deal Leader (Include manufacturing operations such as welding, heat & surface treatment capabilities): | | | | | | | |
| | | | | | | | |
| Provide Names and Addresses of additional manufacturing locations. (If Applicable) | | | | | | | |
| 1 _____ | | | | | | | |
| 2 _____ | | | | | | | |
| 3 _____ | | | | | | | |
| KEY PERSONNEL | | | | | | | |
| Function | Name & Job Title | | | | Contact details | | |
| CEO / MD | | | | | Tel: Email: | | |
| Quality Manager | | | | | Tel: Email: | | |
| Technical/Engineering | | | | | Tel: Email: | | |
| Number of Personnel | | | | | | | |
| <i>Tech/Eng</i> | <i>Production</i> | <i>Full Time</i> | <i>Part Time</i> | <i>Quality</i> | <i>Total</i> | | |
| | | | | | | | |
| Do you subcontract any of your manufacturing activities, i.e. heat treatment, plating etc.? If "Yes", state which activities (s) and list the supplier(s): | | | | | | Yes | No |
| Activity | | | | | | Supplier | |
| | | | | | | | |
| List High Risk Processes and Products: (Which might have a critical impact on Fit, Form, or Function.) | | | | | | | |
| | | | | | | | |

| Deal Leader use ISO 9001 as a baseline criteria for approval of suppliers. Companies that do not have ISO 9001 or AS 9100 Certification may be approved based on evidence obtained during an audit conducted by Deal Leader. | | | | | | | |
|---|---|------------------------|----------------|------------------------|-----------------------|---------------------|------------------|
| | | | | | | Yes | No |
| Is the company ISO9001 or AS9100 certified? If "No" complete questions 1 to 30 | | | | | | | |
| Is your company a manufacturer of Arms or Provider of such a service? If "YES" also complete questions 31 to 33 | | | | | | | |
| CURRENT THIRD PARTY APPROVAL HELD <i>(Supply copies of current certificates.)</i> | | | | | | | |
| Authority e.g., CAA, BV, TUV, SGS | Quality System eg, AS9100, ISO 9001 | Registration Number | Expiry Date | Exclusions Clause # | Scope of Supply | Copy Include | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CURRENT CUSTOMER APPROVALS HELD <i>(Supply proof.)</i> | | | | | | | |
| Customer | Product or Service and Scope | | | | Expiry Date | Copy Include | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| REFERENCES <i>(Please supply two references, current customers)</i> | | | | | | | |
| Company Name | | | | | Contact Person | Telephone Number | Email Address |
| | | | | | | | |
| | | | | | | | |

| QUALITY MANAGEMENT SYSTEM | | | Yes | No |
|--|---|--|-----|----|
| 1. | Have you defined all your activities? | | | |
| 2. | Is your Quality function independent of production? | | | |
| 3. | Do you ensure that all personnel required to execute and deliver on an order are aware of all the purchaser's requirements? | | | |
| 4. | Do you have an effective configuration management process? | | | |
| 5. | Do you follow project/programme management activities? | | | |
| 6. | Do you perform Verification of your System (e.g. Internal Audits)? | | | |
| 7. | Do you measure customer satisfaction? | | | |
| 8. | Do you monitor your supplier's performance? | | | |
| 9. | Do you purchase only from reliable sources? | | | |
| 10. | Do you follow formal purchasing processes? | | | |
| 11. | Do you purchase certified material? | | | |
| 12. | Do you have a verification process for purchased material? | | | |
| 13. | Are records of these checks kept? | | | |
| 14. | Do you have a Controlled Store for material? | | | |
| 15. | Do you have a Quarantine Store for rejected items? | | | |
| 16. | Do you have batch traceability for material / parts? | | | |
| 17. | Do you perform process verification (i.e. production- readiness / planning?) | | | |
| 18. | Do you perform process capability studies? | | | |
| 19. | Do you work in accordance with Operating Procedures or Works Instructions? | | | |
| 20. | Do you perform any Special Process? | | | |
| 21. | Are Deal Leaderrol inspections performed during manufacture? | | | |
| 22. | Do you have a formal reject procedure? | | | |
| 23. | Do you have Preventive Action and Continual Improvement programmes? | | | |
| 24. | Do you have special work environments (e.g. Clean rooms,)? | | | |
| 25. | Is all your inspection/test equipment under control (e.g. calibrated or regularly checked)? | | | |
| 26. | Is your calibration traceable to National/International standards? | | | |
| 27. | Do you have a formal final release process indicating on time delivery and quality performance measures? | | | |
| 28. | Have you identify special requirements, including key characteristics on critical items? | | | |
| 29. | Do you officially authorise approved signatories? | | | |
| 30. | Do you provide documentation with the product that reflects test results or certifies the conformance of the product (e.g. Certificate of Conformance)? | | | |
| Any additional comments on questions 1 to 30: | | | | |
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Complete this section only if your company is not Certified ISO9001 / AS9100 by an accredited body

| ARMS CONTROL | | | | | |
|---|---|---|-----------|---|--|
| | | | Yes | No | |
| Complete this section only if your company deals in Arms or related services. | 31. | Does your organisation supply controlled items (as per the Wassenaar Control Lists of 2010)? | | | |
| | 32. | Is your organisation registered with the National Arms Control Authority of your country? (If yes, please attach copy of registration certificate) | | | |
| | 33. | Does your organisation comply with the rules and regulations pertaining Conventional Arms Control and Non Proliferation of Weapons of Mass Destruction? | | | |
| | Further comments on questions 31 to 33: | | | | |
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| Deal Leader USE ONLY: | | | | | |
| Auditor Recommendation: | Audit Reference: | | | Supplier Category 1 <input type="checkbox"/> or 2 <input type="checkbox"/> | |
| | Noted exclusions from ISO9001/AS9100 | | | | |
| | Proposed Limitations | | | | |
| | Recommendation: | | | | |
| BMS Steering Committee Decision | Minutes of Meeting Reference: | | | Supplier Category 1 <input type="checkbox"/> or 2 <input type="checkbox"/> | |
| | Scope of Supply | | | | |
| | | | | | |
| | Imposed Limitations | | | | |
| | Notes / Comments | | | | |
| | | | | | |
| | | | | | |
| | Decision | Approved <input type="checkbox"/> ; Declined <input type="checkbox"/> | | | |
| Chairperson | | | | | |
| | Name | | Signature | | |