

1. General details about your company

1.1 General information KBA Supplier-no.

Company

Postal address

Shipping address

Telephone Telefax

E-Mail

Internet-Address

Supplier's code for KBA

1.2 Contact persons / persons in charge

| | Name | direct dial / direct fax | E-Mail |
|----------------------------|--|---|--|
| Managing Director | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| Sales Director | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| Development / Design | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| Quality Management | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| Manufacturing / Production | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| Order Processing | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | <input style="width: 150px;" type="text"/> |

1.3 Company development and key figures

(please enter the data of the current year and the 3 previous years as well as a prognosis for the following year)

| | -3 | -2 | -1 | actual year | Prognosis following year |
|------------------------------|---|---|---|---|---|
| Total revenue (in € 1000) | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| Investment volume (in €1000) | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |

Number of people employed in:

| | | | | | |
|------------------------|---|---|---|---|---|
| - Development / Design | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| - Manufacturing | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| - Quality Management | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| - Sales | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| - in total | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |

| | | | | | |
|----------------------------|---|---|---|---|---|
| Absence due to illness (%) | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
|----------------------------|---|---|---|---|---|

Number of supplied customers

Number of main customers (80% share of revenue)

Year of company foundation (year)

1.4 Branches

| | | | Revenue (€1000) | Number of employees |
|--|----|---|---|---|
| Commercial establishments in Germany and Austria | 1. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | 2. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | 3. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | 4. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Delivery to:

Delivery by commercial establishment:

-Würzburg

Nr.

-Frankenthal

Nr.

Would you be able to deliver to our further locations Radebeul/Dresden and Moedling (Austria)?

yes

no

2. Quality Management

2.1 Company certification (please attach a copy of the appropriate certificates)

| Certificate | date (since / planned for) | valid till | Certification company |
|--------------------|---|---|---|
| DIN EN ISO 9001 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| DIN EN ISO 9002 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| DIN EN ISO 9003 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| QS 9000 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| VDA Band 5.1 / 6.1 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| ISO / TS 16949 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

2.2 Questions concerning quality management

Please answer this part (2.2) only if you are **not** certified

| | yes | no | being introduced | planned | Dates / remarks: |
|---|---|---|---|---|---|
| Are you intending to become certified? | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Is there a person in charge of quality management? | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Is the person in charge an independent organisational unit and does he/she report directly to the management? | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | If no , what is the organisational relationship? | | |
| <input style="width: 100%;" type="text"/> | | | | | |
| Does the person in charge have other tasks except quality management? | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | If yes , which ? | | |
| <input style="width: 100%;" type="text"/> | | | | | |
| Is the knowledge of the quality management employees up-to-date? | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 20px;" type="checkbox"/> | <input style="width: 100%;" type="text"/> |

| | yes | no | being introduced | planned | Dates / remarks: |
|---|-------------------------------|-------------------------------|-------------------------------|--------------------------|---|
| Do regular training courses take place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does an Organigramm exist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does a quality management handbook exist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there incoming goods inspections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are any production accompanying steps taken? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there outgoing goods inspections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are first samples and first sample reports provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there any storage areas for blocked faulty stock? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are faulty parts marked in any special way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are causes of errors examined and measures taken for their elimination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do we receive an 8D-Report for each complaint including causes, measures, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | If yes , what is the normal reply time? <input style="width: 150px;" type="text"/> |
| Are there any inspection plans? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are inspection results documented and kept? For how long? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does a statistical evaluation take place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do work instructions exist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do the procurement documents for external purchases contain demands for quality management? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are your subcontractors systematically evaluated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| How many are audited / certified? | <input type="checkbox"/> <30% | <input type="checkbox"/> <60% | <input type="checkbox"/> >60% | | |

| | yes | no | in introduction | planned | Dates / remarks: |
|--|--|--------------------------|--------------------------|--------------------------|------------------|
| Are measuring instruments regularly calibrated / examined and is the examination documented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does an updating-service for technical information exist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are you able to manufacture requested parts with the necessary accuracy and to check them correctly with your measuring instruments separate from the manufacturing equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| How is your "early warning system" for your customers organized (concerning procurement difficulties, technical problems, endangering of delivery time)? | <input type="text"/> <input type="text"/> <input type="text"/> | | | | |

2.3 General information about your quality management

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Are you willing to conclude a Quality Assurance Agreement (QAA)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <small>(Elimination of the incoming goods inspection; conclusion of extended product liability insurance.)</small> | | | | | |
| Do you have internal process- and / or product audits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you accept the performance of external audits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you already been audited by customers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Date | Customer | Audit Type | Area covered | Result |
|------|----------|------------|--------------|--------|
| | | | | |
| | | | | |
| | | | | |

What insurance coverage do you have for product liability?

| | Coverage up to | | Insurance Company | Countries covered by insurance |
|--|----------------|-------|-------------------|--------------------------------|
| General liability insurance and product liability | | Mio.€ | | |
| Extended general liability and product liability including coverage for assembly and | | Mio.€ | | |
| Recall cost insurance | | Mio.€ | | |
| Loss-of-profits insurance | | Mio.€ | | |

From which suppliers do you purchase your materials? Do you have **3.1B-certificates** of acceptance **EN 10204** and is the traceability guaranteed (RVK)?

| Material | Supplier | 3.1B | RVK |
|----------|----------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Do you already manufacture comparable parts for the printing industry? yes no

If yes, give references:

| Description of the Parts | Customer |
|--------------------------|----------|
| | |
| | |
| | |
| | |

Which material / parts do you get from other suppliers or branches?

Which processes are carried out outside of the company (on which parts)?

| Description of the Parts | Process |
|--------------------------|---------|
| | |
| | |
| | |

3. Manufacturing and Production-Know-how

Do you have development and / or design possibilities for your manufactured products? yes no

Do you have any patents? yes no

If **yes**, short description:

Can you compile manufacturing drawings? yes no

What type of shiftwork does your company use? 1 2 3 4

Which materials are mainly used / worked on?

With which material do you have the best experience?

Where is the probability of a bottleneck highest?

Which technology do you believe you are particularly suited to at present and leading in relation to the competitors in the future?

4. Methods of increasing efficiency

Which company strategy / philosophy do you have?

| |
|--|
| |
| |
| |

Which efforts for Business Excellence have you already prepared / introduced / made?

- | | | |
|--|--|--|
| <input type="checkbox"/> Group work | <input type="checkbox"/> Process engineering | <input type="checkbox"/> Reengineering |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Six Sigma | <input type="checkbox"/> Business Balanced Scorecard |
| <input type="checkbox"/> Zero-error strategy | <input type="checkbox"/> | |

How do you accomplish capacity planning in your production?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> PPS-system | <input type="checkbox"/> computer aided planning (e.g. Excel tables) |
| <input type="checkbox"/> manually | <input type="checkbox"/> no capacity planning |

Do you use indices such as rate of utilization and availability of machines for the capacity planning? yes no

If **yes**, please indicate the estimated degree of utilization of your production for the next five months (each month):

| | | | | | | | |
|------------------------------|--------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| current month | mm: <input type="text"/> | yy: <input type="text"/> | + 1 | +2 | +3 | +4 | +5 |
| estimated utilization (in %) | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Is there a central time registration for orders/individual work procedures? yes no

Do you offer an internal system for improvement suggestions? yes no

5. Order Processing

Order entry

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> manually | <input type="checkbox"/> EDP system |
|-----------------------------------|-------------------------------------|

Interfaces for data exchange

- | | | |
|-------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> IGES | <input type="checkbox"/> SAT | <input type="checkbox"/> DFX |
| <input type="checkbox"/> STEP | <input type="checkbox"/> Solid Works | <input type="checkbox"/> |

Logistics

- | | | | |
|---|---|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Supplier stores | <input type="checkbox"/> Consignment stores | <input type="checkbox"/> KANBAN | <input type="checkbox"/> Just in Time |
| <input type="checkbox"/> own vehicle park | <input type="checkbox"/> house carrier | <input type="checkbox"/> | |

| | | |
|------------------|--|--------------------|
| Protokoll | | QMH Band 3 |
| Title: | Supplier self information I -General information- | L 934.201.0 |

Consignment stores

Are you capable to set up and maintain consignment stores at Koenig & Bauer AG?

Place of delivery Würzburg yes no

Place of delivery Frankenthal yes no

Could you also provide this service to our further locations?

Radebeul / Dresden yes no

Mödling (Austria) yes no

Delivery times

24h-Service yes no

average delivery time days

6. Enclosed documents

- | | | |
|--|---|---|
| <input type="checkbox"/> Business report | <input type="checkbox"/> Company brochure | <input type="checkbox"/> Organigramm |
| <input type="checkbox"/> Audit results | <input type="checkbox"/> QM-certificates | <input type="checkbox"/> detailed list of machinery |
| <input type="checkbox"/> Reference list | <input type="checkbox"/> <input style="width: 150px;" type="text"/> | |

7. Remarks:

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|--|
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| |

| | | | |
|--------|------------|------|-----------|
| | | | |
| signer | Department | Date | Signature |