PLASMAN
ONE DRIVING FORCE

Supplier Profile

Supplier DUNS #: _____

Company Name: _____ Divison of: _____

Street Address: _____ City / Town: _____

Province / State: _____ Postal / ZIP Code: _____ Country: _____

Main Phone # : _____ Fax #: _____ Website: _____

Key Contact List

Job Function	Name:	Desk Phone #	Mobile #	E-mail Address
General Manager:				
Production:				
Engineering:				
Purchasing:				
Finance:				
Materials:				
Quality:				
IT / Info Security:				
Sales:				
After Hours:				

Commodity Information

- Check all applicable and briefly describe the product you are / will be supplying to Plasman:

☐ Components ☐ Fasteners ☐ Chemical ☐ Aluminium ☐ Resin ☐ Paint ☐ Service
☐ Electronics ☐ Packaging ☐ Extrusions ☐ Stamping ☐ Glass ☐ Wiring ☐ Other

Description: _____

- Where applicable, please indicate (in months) the expected shelf life of the product that you are, or will be supplying? _____
- Is the product you are, or will be supplying, manufactured at this facility? ◯ Yes ◯ No ◯ N/A
- Does the material or service that you are or will be supplying to Plasman satisfy government and safety constraints on restricted, toxic and hazardous materials? ◯ Yes ◯ No ◯ N/A
- Where applicable; indicate the PPM performance of the product (or similar to) being considered for supply.

Current Month PPM: _____ Current Year PPM: _____ Previous Year PPM: _____

Location and Labour Information

- Does your parent company operate from multiple locations or sites? ◯ Yes ◯ No If "Yes", how many? _____
- Indicate the total number of employees at ALL location: _____
- Indicate the number of employees at this location. Direct: _____ Indirect: _____ # of Shifts: _____
- Is your company affiliated with a labour union? ◯ Yes ◯ No If "Yes", Union ID: _____ Expiry Date: _____
- Is your company minority owned? ◯ Yes ◯ No

Part Development & Data Exchange

- Does your Company have an established and effective APQP process in place? ◯ Yes ◯ No
- Design & Support (check all applicable):

☐ Tooling ☐ Prototype ☐ 2D Drawing ☐ 3D Model List CAD Software(s): _____

- Math Data Transfer (check all applicable):

☐ Trubiquity ☐ Team Center ☐ FTP ☐ Prisma ☐ SWAN ☐ Email ☐ Other

- Material Forecast & Part Releases: (check all applicable):

☐ EDI ☐ Web EDI ☐ FTP ☐ 3rd Party ☐ Fax ☐ Email ☐ Other

Certifications & Audits

- Indicate all Management Systems implemented & current registration information:

System Implemented	System Registered		Certificate Number	Issue Date	Expiry Date
Quality	ISO 9001	☐			
Quality - Automotive	IATF 16949	☐			
Quality - Automotive	VDA 6.1	☐			
Calibration & Testing	ISO / IEC 17025	☐			
Environmental	ISO 14001	☐			
Health & Safety	ISO 45001	☐			
IT Security	ISO 27001 / TISAX	☐			
Other		☐			

Registration body name(s) for certificate(s) issued: _____

***** Copies of ALL valid registration certificates shall be provided *****

- If you are not currently registered to any Quality Management System (ISO 9001, IATF 16949 or VDA 6.1), use the area below to indicate your plan:

- Does the supplied, or intend to supply, product fall under the CQI Audits specified by AIAG? ◯ Yes ◯ No If Yes, please list all applicable.

CQI Std. #: _____ _____ _____ _____ _____

Audit Date: _____ _____ _____ _____ _____

***** Copies of ALL applicable CQI audits shall be provided and maintained up to date on a yearly basis as per IATF 16949 *****

- Where applicable, select the quality process audit(s) this manufacturing location has successfully completed within the past 12 months.

☐ *QAV* ☐ *VDA 6.3* ☐ *BIQS* ☐ *Other* *Please specify:* _____

- Is your company currently in shipping / quality containment (CS1, CS2, New Business Hold)? ◯ Yes ◯ No

- Where applicable, please provide your organization's IMDS #: _____

Acknowledgements

I - I acknowledge the availability of the current version of the Plasman Supplier Development & Guidelines Manual and understand my obligation to apply the requirements of the document.

II - I acknowledge the requirement to notify in writing any product and/or process changes in accordance with the Plasman Supplier Development & Guidelines Manual.

III - I acknowledge the commitment of my organization to provide the information and copies pertaining to all applicable certificates, CQI audits and conflict mineral declaration, as failure to do so will be reflected in the performance scorecard.

- Where applicable, please state any relevant information or comments you may have:

To simplify the data entry process and enhance information legibility, please download this form as it is electronically fillable and accepts a "Digital Signature" in the designated field. Please keep in mind that prior to completion and submission; you are required to select the name and email address of the appropriate Plasman purchasing representative from the drop-down menu below.

Purchasing representative name & email address: _____

To access the supplier manual please go to:
www.plasman.com/supplier-portal >> Supplier Information >> North America >> North American Exterior Trim

Profile Completed by: _____ Title: _____

Date: _____ Signature: _____

***** Please email the completed profile to the applicable Plasman purchasing representative *****