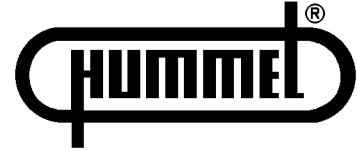


HUMMEL AG

Lise-Meitner-Str.2 ■ D-79211 Denzlingen
Phone: ++49/(0)7666-91110-0
Fax: ++49/(0)7666-91110-20



* Suppliers Questionnaire *

Part I: name and address:

Supplier:	<i>GB s.r.l.</i>	Corrections (if necessary)
Address:	<i>Via Campagnola, sn</i>	<input type="text"/>
	<i>24060 Adrara San Martino-(BG)</i>	<input type="text"/>
	<i>Italien</i>	<input type="text"/>
Phone:	<i>0039-035-918801-2-3-4</i>	<input type="text"/>
Fax:	<i>0039-035-918800</i>	<input type="text"/>
Our No. with you	<i>625001</i>	<input type="text"/>

Part II: more information's regarding your company

Company status	When established	Branch		Company size				
Ltd, ...		Commerc.	Industrial	1-24	25-49	50-249	250-499	>=500
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Product spectrum

Product catalogue enclosed: yes: no: separately by post:

Part III: responsibilities

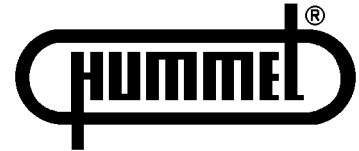
	Name	Phone	Fax
Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Works	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality Manag.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bookkeeping	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>

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* Suppliers Questionnaire *

Part IV: questions about your QS-System

- | | | yes | Introduction planned | no |
|---|---|-----|----------------------|----|
| 1 | Do you work to extern certified QM-System | | | |
| | | | | |
| | | | | |
| | | | | |

If the answer to the above questions yes, please enclose a copy of your certificate and go to section 6.1

- | | | | | |
|-----|--|-----|----------------|----|
| 2 | Do you work with another QM-System ? | yes | Name of system | no |
| 2.1 | If yes, do you regularly audit your system ? | | | |
| 3 | Is your measuring equipment regularly calibrated ? | yes | | no |
| 4 | Is there a goods inward inspection ? | yes | What kind ? | no |
| 5 | Is there a work in progress inspection ? | yes | What kind ? | no |
| 6 | Is there a final inspection ? | yes | What kind ? | no |
| 6.1 | If yes, are these documented ? | | | |
| 6.2 | are these documents included with goods ? | | | |

7 Stamp and signature

Date

Name

Stamp and signature