

STRICTLY CONFIDENTIAL

“THE INFORMATION YOU SUPPLY WILL BE TREATED AS **CONFIDENTIAL** AND **WILL NOT** BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR CONSENT”

NAME OF AGENT

LOCATION:

DATE OF APPRAISAL:

QUESTIONNAIRE

Any questions or problems in relation to the completion of this QUESTIONNAIRE should be directed to the PSL QUALITY MANAGER.

Telephone Number: 0151 448 7700; Fax Number: 0151 448 7701.



AGENT DETAILS			
Name:			
Address:		Telephone Number:	
		Fax Number:	
		Website:	
Post/ZIP Code:		Registration Number:	
Country:		VAT Number:	

PARENT COMPANY (If Applicable)			
Company:			
Address:		Is the Parent Company a "HOLDING" Company Only?	
		(Tick as Appropriate)	
		YES / NO	
Post/ZIP Code:		Registration Number:	
Country:		Telephone Number:	

Approximate Annual Sales Turnover	Profit (Before TAX)	Profit (After TAX)

STRUCTURE / ORGANISATION

WHEN RETURNING THIS QUESTIONNAIRE PLEASE ENCLOSE A COPY OF YOUR COMPANY "ORGANOGRAM" (IF APPLICABLE)

AGENT CONTACTS			
Managing Director	Name:	Telephone No:	Email:
Quality Representative	Name:	Telephone No:	Email:

Financial Representative	Name:	Telephone No:	Email:
Primary Contact	Name:	Telephone No:	Email:

BANKING DETAILS	
"PAY-TO-ACCOUNT" NAME (If Different from Previous Page)	
Name:	
Address:	

BAC'S DETAILS	
Payee Name:	Bank Address:
Bank Name:	
Account Number:	
Sort Code:	

QUALITY STATUS
<p>If the Company has a QUALITY SYSTEM certified by a Third Party, please indicate to what level, including the scope of approval, e.g. BS EN ISO9000 Series.</p> <p>PLEASE ATTACH A COPY OF THE APPROVAL CERTIFICATE WITH THIS QUESTIONNAIRE</p>

QUALITY ACCREDITATION			
Auditing Body		Certificate Number	
Scope of Approval		Date First Certified	

**THE REMAINDER OF THIS AGENT APPRAISAL DOCUMENT IS TO BE COMPLETED
IF RELEVANT OR APPLICABLE**

“QUALITY ASSURANCE QUESTIONNAIRE”

Please complete pages 4 to 7 (Quality Assurance Section) of this Agent Approval Questionnaire

BUSINESS / COMPANY OWNERSHIP

What is the current business/company ownership status, e.g. Public Company, Private Company, Subsidiary etc?

NATURE OF YOUR BUSINESS

What is the current nature/status of your business?

SUPPLIER HISTORY

Date Company Established:		PSL Agent Since:	
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EMPLOYEES

(Please indicate the number of employees in each of the following areas of your business)

Management		Manufacturing Operators	
Engineering		Skilled Craftsmen	
Quality		Semi-Skilled Operators	
Marketing/Sales		Total Number Employees	

SALES		
Sales History for the Last Financial or Calendar Year (Indicate Year):		
	GBP (£)	Volume (Units)
Company	£	
Group	£	
Export	£	

MAJOR CUSTOMERS
<p>List any major companies that have formally advised you that your company is on their approved/ preferred Supplier Approval List. Also list any major contracts undertaken in the past 2 years or currently in progress.</p>
Empty space for listing major customers

PRODUCTS AND SERVICES
<p>Please provide a brief description of the products, services and technical support that your company provides to their customers.</p>
Empty space for describing products and services

PRODUCT CAPABILITY
Brief description of the aims for promoting and selling the product.

ADMINISTRATION FACILITIES
Please indicate current word processing and data software in use, i.e. Microsoft Office?
What are your company's standard ex-factory lead times?

QUESTIONNAIRE COMPLETION		
NAME (PRINT)	POSITION/ROLE	DATE OF COMPLETION

“THANK YOU FOR THE COMPLETION OF THIS QUESTIONNAIRE”