

Dear Client,

As a certification body (CB) performing certifications of QM systems, we require some information regarding your company in order to plan and prepare certification / surveillance / transfer and recertification audits. Please help us by answering the questions below in order to ensure a smooth certification procedure.

Please complete the questionnaire and attach any necessary information / documents in the form of annexes (one questionnaire per site for Corporate Scheme Certification).

Please fill up separate questionnaire per site in case of multi-site certification (corporate scheme)!

1. General information of the production site:	
Name of site:	
Address:	
Postcode, town:	
Country:	
Contact person:	Function:
Telephone:	Mobile:
Fax:	E-mail:
VAT number:	Web-site:
Correspondence address (please X as appropriate): address acc. to the production site	
address acc. to the companies register	
another address:	
2. Do you wish to have corporate scheme certification 16949:2016 Rules 5.3?	(different sites within one organisation) acc. to IATF
yes no	
If so, please give the following information regarding t	he organisation headquarters:
Name:	
Address:	
Postcode, City:	
Country:	
3. Are there Extended Manufacturing Sites ("EManS")	to the main site above
yes no	
Number of EManS to the site named above *)	

^{*)} please add form "A13F010A01-Attachment", one per EManS to this document



Certificate No.	Norm / Standard /	C	Certification Body	Last au	dit day of	Certificate
6. Current or previous Management System Certificates for the production site (if any)						
Ple	ease write OEM(s) nan	ne:				
Are you currently authorized as a "design responsible supplier" by a recognized automotive OEM?						
_						
Please write product(s) name:						
Do you still supply series products for which you were design responsible? yes no						
Are there active / ongoing product design projects within the last 12 months? yes no						
If you are design responsible for products please answer the following questions:						
5.1 current situat	tion related to desigr	n respo	nsibility			
	gn responsibility of all suppli		is no design responsibility for cts is with the customer. The de			
"Product Desig	gn" (according to IATF	16949	clause 8.3)			
5. Possible exclus	ions					
			e of Corporate Scheme C			
*) NOTE: For IATF transition	audit from ISO/TS 1	6949:20	009 to IATF 16949:2016	olease atta	ach form "A1	I3F010A02-
Other standard	ds:		-		•	
VDA 6.1 Rev.			VDA 6.2 Rev		VDA 6.4 Re	eV
IATF 16949:20)16 *)		ISO 9001:2015		RREG 70/1	56/EEC
4. Targeted certific	cation					

Certificate No. resp. IATF No.	Norm / Standard / Regulation	Certification Body	Last audit day of the certification or recertification audit (dd.mm.yyyy)	Certificate valid until (dd.mm.yyyy)



/. IS	this audit a transfer audit from ar	otner C	ertification	body to 10	V NORD CE	KI?	
	yes		no				
	If yes, Name of the previous Ce	tification	n body:				
	formation on the number of emploe)	yees at	the produ	ction site (in	cl. employee:	s of all EM	anS related to the
	Note: The onsite audit man days depend or temporary (based on the average number of						part-time, contracted an
	Total number of employees (incl. a	ll employe	es in EManS i	f applicable)			
	Thereof number of employees in	all EMar	nS (if applic	able)			
9.	Are there multi languages used and local, Sales: English and local		ompany (e.	g.: Manufactı	ıring: local laı	nguage, M	anagement: Englis
	Note: This information will be used for calculate	lation of tra	anslator needs	s during the audi	t.		
	yes		no				
If yes,	please define:						
	Language (e.	ــــــ ی local, ا	English)				r of employees g this language
Loca	Il language only (please name language)	:					
Engl	ish:						
Gerr	nan:						
10	Avec of Amulication / Coope for the		ation of th				
	Area of Application / Scope for the			•		"Design and	Monufacturing of "
The pr	oducts/services that are to be certified, name	u in Englis	as they shot	and appear on the	e cerillicate, e.g.	Design and	ivianulacturing of
 Examr	ole for scope for the certification:						
•	"design and manufacturing of widgets", "r painting, etc. of widgets"	nanufacturi	ing of widgets	or "manufacture"	er of widgets", "a	ssembly, hea	at treat, welding, plating
•	Shall neither include: "for the automotivnor "Development", "Sales"," Engineering	e industry" ', "Servicin	", "…for passe ng", "Warehous	nger cars", "…liç sing", "Sequenci	ght commercial v ng", etc.	ehicles", ".mo	otorcycles " (or similar);
11. ľ	Main Customers within Automotiv	e Indust	try:				



12. Separation of Production site into Automotive resp. Non-Automotive.

Note: This may be applicable when the following conditions are met:

- all automotive manufacturing processes are physically separated from non-automotive manufacturing (e.g. separate building, permanent barrier in between auto and non automotive lines / machines, etc.)
- personnel working in the automotive manufacturing process areas are completely dedicated,
- The same ratio should be applied to the support activity headcount.
- Note: If the automotive manufacturing processes are integrated on the manufacturing floor or within a building with non-automotive processes, then this requirement cannot be applied!

Are the aforementioned conditions met?	
yes no	
Note: If applying for separation of Non-Automotive production an approval from the relevant IA mentation. This application will be processed via TNCERT on your request through completed Reduction for Rules 5.2h"	TF Oversight office is required prior to imple form A13F181e – "Application for Audit Day
13. Main products of the production site	
Please list the main products (e.g. axles, mudguards, cooling system, plastic injection)	ection mold parts etc.)
14. Manufacturing processes performed at the production site Please list the manufacturing processes (e.g. stamping, welding, machining), income	
manufacturing and / or service process name	Operational shifts (e.g. 1, 2, 3)
mechanical processing	
machining	
annealing	
foaming	
assembly	
Injection moulding	

Production / manufacturing is done acc. to the following shift pattern and times

Shift	Shift times
1st shift	6:00 a.m 2:00 p.m.
2nd shift	2:00 p.m 10:00 p.m.
3rd shift	10:00 p.m 6:00 a.m.



15. Are there any remote locations?

Note: remote location (RL) means locations outside of / remote from the production site which supports the site in its activities (e.g. sales / design offices, but also external warehouses etc.) Please list all remote locations, also those which are audited by another certification body.

Ident- Number of Remote	Company / Location name and address	Number of employees supporting the consid- ered site	Status of Remote Location if audited by another CB			
			Certification Body (CB)	Date of the last audit		
location				ISO/TS 16949:2009	IATF 16949:2016	
1						
2						
3						
4						

16.	Membership of industry associations
	e the above company / group of companies a member of an industry association (e.g. automotive industry lation, forging industry association, casting industry association)?
	Yes, which?
	No
17.	Advisory/consultancy services
	advisory/consultancy services been used in the last 2 years with regard to the establishment and the develop- of the QM System?
	Yes, by whom?
	No

18. Confirmation

We hereby confirm that the information given in this questionnaire and in the Annexes is complete and correct, and that we will inform TÜV NORD CERT GmbH immediately in the case of legal, commercial and organisational changes in the company, major changes in the processes or areas of activity and in the case of specific OEM changes of status.

We agree that the certification body will inform the IATF if the certification company is changed, and that the certification will place the audit report(s) at the disposal of the IATF / VDA-QMC if they so request. In addition, IATF / VDA-QMC Representatives and their representative have the right to enter the audited company at any time, and can participate in audits in the company in order to perform a witness audit or observe audits. This also applies to the "Internal Witness Audits of the Certification Body" (neutral assessment of an auditor by a member of staff of the certification body). Witness Audits cannot be refused. They do not give rise to any additional costs.



Attachment 01 for possible EManS added?							
	yes	no					
Attach	nment 02 for Transition Audits	added?					
	yes	no					
Place	/Date	Name, Function	Signature*)				

*) If sent by email, the address of the sender is accepted