



Name:
Department:
Tel. No.:
Fax No.:
E-Mail:

Supplier Information Sheet third party Suppliers (SIS) In accordance with Supplier Qualification Process of ABB Switzerland Ltd

Company: _____ **Region / District:** _____
Address: _____
ZIP-Code / City: _____
Country: _____
 VAT number: _____
 Phone: _____ Fax: _____
 E-mail: _____
 E-mail to sales department: _____
 Currency: _____ Ownership: _____
 Internet Homepage: _____

Place(s) of Manufacturing

Main location: _____ 2nd location: _____ 3rd location: _____

Responsible (if applicable) Extension Name Language

General Manager: _____
 Key Account Manager: _____
 Production Manager: _____
 Quality Manager: _____

Company Sales Total / Currency with ABB / Currency Number of Employees

Previous year: _____
 Current year: _____

Account Information

Bank Name: _____
 Bank Number (BLZ): _____
 Bank Account: _____
 SWIFT Code: _____
 IBAN: _____
 Routing number/Bank Key: _____

Qualified by another ABB Company

Which? _____ When? _____

International Certifications

According to: ISO 9001 ISO 14001 OHSAS18001 Other: _____
 Year of certification: _____

Do you accept the ABB General Terms and Conditions? No Yes Sign:

If no:

Do you commit to the same level of ethical behavior as ABB? No Yes Sign:

Do you commit to follow ABB Supplier Requirements? No Yes Sign:

Aberrant Agreements (Entry only after Agreement with ABB) Sign:

Major Customers	Name	Place	Sales Volume / Currency
	1)		
	2)		
	3)		

	Supplier	ABB LBU Purchase Assistant	ABB LBU SCM Manager
Date and sign			
Name and function			

Requested affixation: Organization chart by _____ Copy of certificate
 Reference lists _____ Annual report