

SUPPLIER PREQUALIFICATION FORM

In order to register and approve your company as a supplier of INOVYN Norge AS we ask you to complete the information below and sign this form.

| | |
|--|---|
| Name of company | VAT – Number/ Organization number |
| Visiting address | Telephone number |
| PO Box address | Name of bank |
| Contact person name | Account number (s) |
| E-mail | IBAN number |
| Swift code | Currency |
| Does your Company have valid third party certification according to a nationally or internationally recognized system? If Yes, please attach a copy of the registration documents. | |
| ISO 9001 Yes <input type="checkbox"/> No <input type="checkbox"/> | If No, please complete the attached Self-assessment questionnaire |
| ISO 14001 Yes <input type="checkbox"/> No <input type="checkbox"/> | If No, please complete the attached Self-assessment questionnaire |
| Energy Management Systems Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Others: | |
| We want to draw your attention that we may request credit reports on your company. | |
| <p>Please note that unless otherwise agreed in writing, all deliveries from you will be based on INOVYN General conditions for purchase of goods and / or services. These can be downloaded from www.inovyn.no /Om oss/ Innkjøpsbetingelser/</p> <p>Unless otherwise agreed in writing, Incoterms 2010, DDP at INOVYN Norge Site.</p> | |
| Date/Signature for Company | |
| Name in capital letters: | |
| Please return this questionnaire to | |

Yours faithfully
for INOVYN Norge AS

| For internal use | |
|---------------------|-------------------------------|
| Industry code | |
| Vendor category | |
| Payment terms | |
| Incoterms 2010 | |
| OK for registration | Sign <input type="checkbox"/> |



Self-assessment: Quality management ISO 9001

| | |
|------------------------------------|--|
| Company name: | |
| Company telephone: | |
| Company E-mail: | |
| Managing director: | |
| Quality manager: | |
| Responsible for quality assurance: | |
| Date/Signature: | |

| No. | Question | Yes | No | Comments |
|-----|---|--------------------------|--------------------------|----------|
| 1 | Does your company have a documented system showing that you are following internal control regulations? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Does your company use subcontractors; in case is there a system for approval of such? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Does your company perform final inspection of deliveries? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Does your company have procedures for calibration of control- and measuring equipment? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Does your company have established procedures for dealing with customer complaints? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Does your company have procedures for follow up corrective actions and avoid recurrence of such deviations? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Does your company have an audit plan for internal quality audits? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Does your company have routines for contract review/ quotation preparation? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Does your company have a system for document management? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Does your company have procedures for continuous improvements | <input type="checkbox"/> | <input type="checkbox"/> | |



Self-assessment: Environmental management ISO 14001

| | |
|------------------------------------|--|
| Company name: | |
| Company telephone: | |
| Company E-mail: | |
| Managing director: | |
| Quality manager: | |
| Responsible for quality assurance: | |
| Date/Signature: | |

| No. | Question | Yes | No | Comments |
|-----|---|--------------------------|--------------------------|----------|
| 1 | Does your company have an Environmental management policy signed and approved by director/board? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Does your company have an appointed person who is responsible for SHE management? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Has all staff had formal safety training? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Is there available documentation for the SHE training? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Does your company have a system/concept for separation of waste? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Does your line management perform regularly SHE-inspections in the workplace? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Does your company use subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Are these subcontractors being SHE reviewed before engagement? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Is there a system to record, report and document accidents, near misses, unsafe conditions and environmental discrepancy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Are incidents and hazardous conditions subject to subsequent analysis and corrective action? | <input type="checkbox"/> | <input type="checkbox"/> | |