

PRELIMINARY QUESTIONNAIRE FOR SUPPLIER APPROVAL

INTRODUCTION

The present document has to be completed by the Supplier, reviewed by the BAI Buyer, and forwarded to BAI Quality Department.

CORRORATE NAME				
CORPORATE NAME:				
ADDRESS:				
, , , , , , , , , , , , , , , , , , ,				
DATE OF ESTABLISHMENT:				
PRINCIPAL STOCHKHOLDERS or	PARTNERS:			
DI JONE !!				
PHONE#:				
FAX#:	E-MAIL:			
TYPICAL INDUSTRIAL SECTOR: ☐ TRADING				
	□ PR	ODUCTION		
DECISTEDED OTOOK				
REGISTERED STOCK:				
OF PERSONNEL # OF WORKERS			# OF EMPLOYEES	
II OF TERROUNDED	# OF WORKERO	<u>'</u>	, or Elvir Eor	LLO
DO YOU HAVE MORE OF ONE PRODUCTION PLANT?			HOW MANY:	
			LIOW MANN	
DO YOU HAVE MORE PRODUCTION LINES?			HOW MANY:	
TYPE OF PRODUCTS:				
THE OF TRODUCTS.				
ORIGIN OF FINISHED PRODUCT	AND SUB-MATERIALS	· (Please atta	ch Cortificat	tes of Origin for
Finished Material and Sub-Materia		. (Flease alla	ich Certificat	les of Origin for
	- /			
DOES THIS RAW MATERIAL CON	NITAINI ANV OF THE EO	LLOWINGS IE	VEQ LIST	THE MATERIALS
(NOT APPLICABLE FOR PACKAGING		LLOWING! IF	1 E3, LI31	THE WATERIALS.
ADDED COLOR: □ YE	S			□ NO
	S			□NO
SYNTHETIC SUBSTANCES: YE	S			□ NO
IS THE PRODUCTION PLANT REG	SISTERED FDA / BTA?	☐ YES	□ NO	
TOTAL TURNOVER IN THIS YEAR				
TOTAL TURNOVER OF THE LAST				
(Please, attach the Balance Sheet	or the last three years)			



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TYPE OF CUSTOMERS: □ INDUSTRY				
□ RETAIL □ OTHERS (Please, specify)				
☐ OTHERS (Please, specify)				
IS THE COMPANY A SUBSIDIARY OF OTHER COMPANY? IF YES, WHAT?				
THE PLANT OR COMPANY HAS BEEN ACCREDITATED BY CERTIFICATION BODIES? IF YES, SPECIFY WHAT: □ ISO □ NON GMO				
IF YES, SPECIFY WHAT: □ ISO □ NON GMO (Please, attach copy of the □ NSF □ KOSHER				
Certificate/s)				
☐ GMA-Safe				
IF NOT, SPECIFY IF THE COMPANY HAS A QUALITY POLICY AND IF IT HAS BEEN FORMALIZED:				
TO AN INTERNAL LABORATORY FOR ANALYOFO PRECENT AT THE REANTS				
IS AN INTERNAL LABORATORY FOR ANALYSES PRESENT AT THE PLANT? IF YES, HOW MANY PEOPLE ARE PRESENT IN THE LAB?				
(Please, attach the list with the principal equipment)				
FOR EVERY SUPPLY DO YOU MAKE A CERTIFICATION? (Please attach a copy of this Certificate)				
THE COMPANY HAD AN ADEQUATE INCHDANCE DOLLOY ON THE CIVIL DECDONCIDILITY AND FOR				
THE COMPANY HAS AN ADEQUATE INSURANCE POLICY ON THE CIVIL RESPONSIBILITY AND FOR DAMAGES CAUSED BY PRODUCT SOLD TO THIRD PARTIES?				
IF YES, WHAT IS THE AMOUNT?				
WILL THE COMPANY ACCEPT APPROVAL VISIT BY BARILLA PERSONNEL DURING PRODUCTION TIME, UNDER APPOINTMENT?				
∴ Data contained in this questionnaire will be treated as confidential and kept within Barilla America, Inc.				
∴∴ Undersigning the present document, the supplier guarantees that your Plant/s complies to the current laws and regulations enforced with the intended material of supply.				
DateSignature				
SPACE RESERVED FOR BARILLA				
From: Buyer TO: Vendor Assurance				
DateBuyer signature				