

FORM FOR SUPPLIERS



DETAILS OF SUPPLIERS

- Business trading name
- Registered office (POSTAL CODE, TOWN/CITY, STREET NUMBER, FAX, PHONE, EMAIL)
- Headquarter (if different from the previous office)
- Company website

ACTIVITY

- Is the Company/Entreprise part of a group? If it is, please specify the business name of the group.
- Main goods/services provided
- Eventual certifications: SA 8000, ISO 9001, ISO 14001, OHSAS 18001, other. Certifying body: ...
- Do you usually outsource/contract out any production processes and/or processing phases? If so, please specify which ones: concept/design, setup, assistance and maintenance, other.

STAFF

- TOTAL AMOUNT OF EMPLOYEES (including every category, even atypical patterns), of which:
 - N° of men/women
 - N° of permanent employees
 - N° of temporary employees
 - N° of employees undertaken in atypical forms of employment (e.g. self-employed, free-lancers, etc.)
 - N° of seasonal workers: seasonality (please specify any eventual periods with peaks of production)
 - N° of temporary agency employees
 - N° of trainees
 - N° of part-time employees
 - N° of non-EU workers (please specify nationalities)
 - Age of the youngest employee
 - Do all employees speak and understand italian language? If not, specify the spoken language.
 - Working hours (total weekly amount and daily one)
 - Work shifts (if applicable, please specify n° of shifts, related time and involved workers)
 - Collective contract and other eventual collective agreements applied
 - Details of any eventual unions inside the company

COMPILER'S NAME

POSITION IN THE COMPANY/ENTREPRISE

Date, stamp and signature: ...