

**Address**

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Company name	<input type="text"/>
Street / P.O. Box	<input type="text"/>
Postal code	<input type="text"/>
Place	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
E-Mail	<input type="text"/>
Website	<input type="text"/>

**General company information**

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Type of company	<input type="text"/>
Group affiliation	<input type="text"/>
Shareholdings	<input type="text"/>
Head office	<input type="text"/>
Branches	<input type="text"/>
Production facilities	<input type="text"/>
Company established since	<input type="text"/>
Industry sector	<input type="text"/>
Supplier to	<input type="text"/>
Significant competitors	<input type="text"/>
References	<input type="text"/>
Negotiating	<input type="text"/>
Bank details	<input type="text"/>

Property	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
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Comments	<input type="text"/>
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**Contact persons**

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**Management board**

Title

First name

Last name

Email

Phone

**Technical Management**

Title

Fist name

Last name

Email

Phone

**Sales Manager**

Title

First name

Last name

Email

Phone

**Materials / Logistics Management**

Title

First name

Last name

Email

Phone

**QM Manager**

Title

First name

Last name

Email

Phone

**Disposal Management**

Title

Fist name

Last name

Email

Phone

**Key company data**

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**Development of sales in EUR last 3 years total**

Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of employees**

Admin	<input type="text"/>	QM	<input type="text"/>
Development	<input type="text"/>	Production (management/scheduling)	<input type="text"/>
Design	<input type="text"/>	Production (personnel)	<input type="text"/>
Process engineering	<input type="text"/>	Regulatory affairs	<input type="text"/>

**Current capacity utilization**

- High
- Medium
- Low

**Your position in global market context?**

**Which are your most important raw materials and who are your most important sub-suppliers?**

**Shift-work**

Yes  Shift

No

**Does your company have experience in using extended work benches?  
(e.g. increasing capacity)**

- Yes
- No

**Does your company have experience in the medical/pharmaceutical fields?**

Yes      Which customers/suppliers     

No

**Technology**

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**Production range/Sales range**

**Production processes**

**Machinery** (where applicable state sizes, dimensions, closing pressures, dosage weight etc.)

**Materials/Workstuff processed**

**Infrastructure/Working environment**

**Quality management**

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**Does your company have an established quality management?**

Yes according norm

No

**Verification of quality management systems**

QM system to	Certified by*	Date	Valid until
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auditing by customer	Result	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

\*Please submit a copy of the above mentioned certificates

**Development**

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**Which equipment is available?**

Development (prototyping, experimental)		
Design		
CAD-systems	Number of CAD-workstations	<input type="text"/>
Cleanroom	ISO class	<input type="text"/>

**Which laboratory and test equipment is available?**

**Is there a technical institution or equipment and process developer at the location?**

**Are material/workstuff development facilities available?**

**Logistics / order processing**

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**Collection by customer is**

- possible
- not possible

**Maximum delivery time**

days  
 days on average

**Processed by**

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Position	Date

For information on data protection visit:  
<https://www.raumedic.com/data-protection>

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Signature