



1 General Information

		Reply
01)	Date of Submission	
02)	Company Name	
03)	Address	
04)	Phone	
05)	Fax	

Form submitted by		
06)	Name:	
	Designation:	
	Phone No.:	
	Email:	
	Fax:	

2 Business Model

		Reply
01)	Please tick (more than 1 where applicable), the business models/model that your company is operating under	a. <input type="checkbox"/> Authorized (Parts are direct from manufacturer's factory) b. <input type="checkbox"/> Parallel Import (Parallel Import definition: Distributor is supporting customer via its subsidiaries from other regions for certain brands, please state these brands) c. <input type="checkbox"/> Broker market d. <input type="checkbox"/> Others, please specify:
02)	If you have checked either and/or "b", "c", "d" in (2.1) For parts from such sources, do you provide a waiver and/or email notification and obtain written approval from customers before proceeding to secure them	<input type="checkbox"/> YES <input type="checkbox"/> NO Please provide an example of such notifications/waivers
03)	If you have checked either and/or "b", "c", "d" in (2.1) Provide workflow of how you separately handle/store parts that are from different sources <i>*Please provide documented workflow</i>	



3 Manufacturer Relations

		Reply	
01)	Provide your complete authorized line card and state your top 6 authorized line cards by revenue (Please notify if you carry less than 6 line cards)	a)	
		b)	
		c)	
		d)	
		e)	
		f)	
02)	State the frequency you have business reviews with these 6 manufacturers	a)	
		b)	
		c)	
		d)	
		e)	
		f)	

4 Supplier Information

		Reply	
01)	Ownership (Private or public listed)		
02)	Parent company or Subsidiary, if subsidiary please indicate parent company name		
03)	Founding date of company and founder's name		
04)	Annual Sales Turnover in the last 3 years		
05)	Annual Sales Turnover for current year and next year		
06)	Top 5 customers / Industry sector	a)	
		b)	
		c)	
		d)	
		e)	
07)	<p>Please provide communication details of key personnel in case of escalation purposes when needed</p> <p>*Please provide at least up to director level or equivalent</p>	<p>1) Full Name: Gender: Designation: Region in-charge of: Email: Mobile Number: Direct Inward Dialling (DID):</p> <p>2) Full Name: Gender: Designation: Region in-charge of: Email: Mobile Number: Direct Inward Dialling (DID):</p>	



5 Quality Management System/Accreditation

(Please provide a soft copy of certificate)

		Please list down relevant standards and certification bodies
What systems is/are your company certified with?		
01)	Quality Management Systems	
02)	Environmental Management Systems	
03)	Quality Management for Electrostatic Discharge	
04)	Other systems not stated	

6 Key Monitoring Indices

		Reply
01)	Tracking of customer returns	<input type="checkbox"/> YES <input type="checkbox"/> NO
02)	Tracking of delivery performance to customers	<input type="checkbox"/> YES <input type="checkbox"/> NO
03)	Tracking of PO conversion from customer orders to your order pipeline to manufacturer	<input type="checkbox"/> YES <input type="checkbox"/> NO
04)	Do you provide updates to customers with the latest manufacture's lead-time	<input type="checkbox"/> YES <input type="checkbox"/> NO

7 Change Management

		Reply
01)	<p>With respect to obsolescence and PCNs, do you have a workflow in place to notify customers?</p> <p>PCN includes the following:</p> <ul style="list-style-type: none"> 1) Obsolescence 2) Change in Manufacturing Location 3) Change in material used 4) Change in Manufacturing process 	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please indicate others (If applicable):</p>
02)	<p>Do you have a workflow in place to notify customers of any changes in the authorized line card you carry?</p> <p><i>*Upon request you must be able to provide document for said workflow</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

8 Order Management

		Reply
01)	What are the processes in place/steps taken by you once a line down or critical item is triggered by customers in below scenarios: 1) Allocation is set by Manufacturer 2) Allocation is set by Distributor <i>*Please provide documented workflow</i>	
02)	Do you have Electronic Data Interchange (EDI) interface with customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO

9 Logistics Information

		Reply
01)	Does warehousing practice "First in – First out" concept	<input type="checkbox"/> YES <input type="checkbox"/> NO
02)	Are handling of products, storage, packaging and shipping controlled by written regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
03)	Is Export Control Classification Number (ECCN) and Harmonized System (HS) code provided in any of your documents to customer? Please specify which documents (e.g. quotation/delivery note, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO Please specify:

10 Inventory Management

		Reply
01)	Please tick (more than 1 where applicable) the available inventory management program available to your customers	a) VMI b) Consignment c) Kanban d) Others

11 Training

		Reply
01)	Do you have any formal training for new on board members?	<input type="checkbox"/> YES <input type="checkbox"/> NO
02)	How are the training documents maintained/stored?	