INFORMATION ABOUT THE COMPANY

| Name of the company: | | | | |
|--------------------------------------|----|---|--|--|
| Address: Street: | | | | |
| Post-box: | | | | |
| Area code and city: | | | | |
| | | | | |
| Communication: | | | | |
| Phone: | | - | | |
| e-mail: | | @ | | |
| Contact: Management: | | | | |
| Name: | | | | |
| Phone: | | | | |
| Sales/ order processing department: | | | | |
| Name: | | | | |
| Phone: | | | | |
| Procurement /logistics department: | | | | |
| Name: | | | | |
| Phone: | | | | |
| Production/ production planning dep. | .: | | | |
| Name: | | | | |
| Phone: | | | | |
| | | | | |
| Group information: | | | | |
| Parent company: | | | | |
| Associated enterprises: | | | | |

GENERAL DATA ABOUT THE COMPANY

1. Please state the total sales amount of the following products/ services in the last two fiscal years (fy)?

| | | last fy (€) | actual fy (€) |
|----|-------------------------------|----------------|------------------|
| a. | Own products (incl. refining) | € | € |
| b. | Trading goods | € | € |
| c. | Services | € | € |
| | total sales amount | € | € |

2. Please state the average number of employees in the company or business unit (all figures stated as full-time equivalent employees / EC) in the a.m. financial years:

| | | last fy (employees) | actual fy (employees) |
|----|---|------------------------|-----------------------|
| a. | of which production (including warehouse and logistics) | Emp. | Emp. |
| b. | of which administration (including purchasing) | Emp. | Emp. |
| C. | of which selling (including field sales) | Emp. | Emp. |
| d | of which services | Emp. | Emp. |
| | Total number of employees | Emp. | Emp. |

3. What kind of customers are you working for? Please state the relative sales amount as part of the total sales amount for type mentioned above .

| | Types of customer / sectors | Relative sales amount |
|----|-----------------------------------|-----------------------|
| a. | Machine building industry | % |
| b. | Special machine building industry | % |
| c. | Steel construction | % |
| d. | Tool construction | % |
| e. | others (please notice:) | % |
| f. | | % |
| g. | | % |
| h. | | % |
| i. | | % |
| j. | | % |
| , | total: | 100% |

| We are interested in the product and service range of your company? Please state the name of the related product- or service-groups (ex. production of turned parts, tool construction, packaging services, transport services, etc.)? Please indicate additionally the average percentage of the sales amount for each product- or service-group in the last |
|---|
| three fiscal years, relatively to your total sales: |
| |

| | Product-group | Relative sales amount |
|----|---------------|-----------------------|
| a. | | % |
| b. | | % |
| c. | | % |
| d. | | % |
| · | total: | 100% |

| 5. | Do you give orders to sub-contractors in cooperation? Please give us information which processes are manufactured in cooperation. |
|----|---|
| | |
| | |

PRODUCTION PART

| 1. | . Please state the number of employees in the production: | | | | |
|------------|---|--|--------------------------------------|-----------------------------------|--------------------|
| <u>Pro</u> | oduction | | | | |
| | | ect employed: irect employed: | | | |
| 2. | | e the number of shifts you no ception for production steps | | in your produ | ction and |
| 3. | your maximinformation | oduction processes and the num capacity and your avera for each of the production p). Please send us your latest | ge loading rate. processes you us | Please state t se (e.g. weldin | he ıg, milling, |
| 4. | Is your com | pany certified? | | | |
| | Yes Others: | , according to DIN/ISO | | No | |
| 5. | Have you lif | fting devices in your fabricat | ion and with wh | ich carrying c | apacity? |
| | | Lifting device | Max. Capacity (kg) | | |
| | | | | | |
| | | | | | |
| | | | | | |

| о. | constructions? | | | | | | | | |
|----|----------------|--|-----------------------------|--|--|--------------|--------|----------|-------|
| | Yes | | | | | | No | | |
| 7. | | | esting and me assemblies | | | in your o | compai | າy ? Hov | v are |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

REFERENCES

1. Please state for the given types of customers or sectors your references and the delivered product types:

| | types of customer/ sectors | Type of products |
|----|-----------------------------------|------------------|
| a. | Machine building industry | |
| b. | Special machine building industry | |
| C. | Steel construction | |
| d. | Tool construction | |
| e. | Complete mounted constructions | |
| f. | Others (please notice:) | |
| g. | | |
| h. | | |
| i. | | |

Please even send us **digital photos** of your manufactured products and assemblies! (E-Mail: as@beck-maschinen.de)

Many thanks for your support! We will come back to you soon!

Yours Beck Maschinenfabrik GmbH