



# IMI Supply Chain Policy

dd/mm/yyyy

Version 2,6 30-Mrz-2010

## **Supply Chain Policy Compliance Statement**

Please complete and print this statement (2 pages) and return to your contact at IMI. Thank you.

### **Mandatory Information**

	<u>Yes</u>	<u>No</u>
1. I confirm that the above company understands the requirements of IMI plc's Supply Chain Policy (See Supporting Documents Tab).	<input type="checkbox"/>	<input type="checkbox"/>
2. We have completed the self assessment questionnaire portion of the Survey.	<input type="checkbox"/>	<input type="checkbox"/>
3a. I confirm that the above company complies with requirements of IMI plc's Supply Chain Policy as stated in the Supporting Documents tab.	<input type="checkbox"/>	<input type="checkbox"/>
<b>or</b>		
3b. I confirm that the above company will comply with the requirements of IMI plc's Supply Chain Policy within 12 months from today. Please briefly state the issues that you will be working on.	<input type="checkbox"/>	<input type="checkbox"/>
4. To ensure that our key staff understand the requirements, we have circulated the IMI Supply Chain policy to our:		
CEO/ Managing Director	<input type="checkbox"/>	<input type="checkbox"/>
Head of HR	<input type="checkbox"/>	<input type="checkbox"/>
HS& E manager	<input type="checkbox"/>	<input type="checkbox"/>
All other heads of department	<input type="checkbox"/>	<input type="checkbox"/>

### **Other Information**

We would be grateful if you provide any other information that you think would help our risk assessment; such as:

### **Statement**

We operate to an environmental management system. (Yes/No or Comment) If yes, please state which system & the certification company.

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**Statement, cont.**

We are certified to - SA8000. (Yes/No or Comment) If yes, please state the certification company.

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We have undergone a site audit on these issues by another customer. (Yes/No or Comment) If yes, please tell us when was the audit was carried out and by which customer? What was the result?

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Supplier Name 0

Corporate Address 0

Name/Signature \_\_\_\_\_

Job Title / Position \_\_\_\_\_

Date Compliance Statement Completed \_\_\_\_\_ dd/mm/yyyy