*Dear Sir / Madam,*

*Please complete Section 1 of this form and return the form and copy(ies) of your QMS Certificate(s) to Thomas Global. Please note that your request will be reviewed and additional QA information may be requested before your company can be listed as an approved supplier.*

***Section 1 – Supplier to Complete***

Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supplier Name: | | | | | | | | | | | | ABN No: | | | | |
| Supplier Address: | | | | | | | | | | | | | | | | |
| Country: | | | | | | Phone: | | | | | | Fax: | | | | |
| Internet Address: | | |  | | | | | | | | | | | | | |
| Payment Terms: | | | | | | | | | | | | Currency: AU$  US$ Other \_\_\_\_\_\_ | | | | |
| Type of Supplier: Manufacturer Distributor Subcontractor Service Other | | | | | | | | | | | | | | | | |
| Type of Products / Services Supplied to TGS: | | | | | | | | | | | | | | | | |
| Contacts | | | | Name | | | | | Title | | | | | Email | | |
| General / Sales: | | | |  | | | | |  | | | | |  | | |
| Accounts: | | | |  | | | | |  | | | | |  | | |
| Quality: | | | |  | | | | |  | | | | |  | | |
| Supplier’s bank account details (located in Australia): | | | | | | | | | | | | | | | | |
| Account Name: | |  | | | | | | BSB No.: | | |  | | A/C No. | |  | |
| Supplier’s bank account details (located Overseas): | | | | | | | | | | | | | | | | |
| Bank Name and Address: | | | | |  | | | | | | | | | | | |
| A/C No.: |  | | | | | | Swift Code: | | |  | | | Routing No: | | |  |
| * Does your company have a certified Quality Management System? [e.g. ISO 9001, AS 9100, ASA 100, GAPSA 100, NADCAP  (AS 7130 / AS 7140), TAC 2000, AS 17025 or other (Please specify and return a copy of the current certificate with this application). | | | | | | | | | | Yes No  Certification Standard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| * Does your company have a QMS that is not certified, or a QMS where the certification has lapsed? Yes No * Will your company comply with TE302-XPG Supplier Flow-down Requirements that can be viewed at Yes No   <http://thomas-global.com/quality-assurance> | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

***Section 2 – Thomas Global Purchasing to Complete***

Name of staff member requesting the addition of a new approved supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplier for:  TEOA  TGS (Aerospace)  TGS (Defence)  TGS (IP)  TGS (SS)  TGS LLC

Is this a one-off purchase? No Yes

Is this the only supplier of the goods / services? No Yes

Is this a Sub-Contractor supplier? No Yes

Is a NDA required? No Yes Sent by: Date: \_

Specify where product(s) / product service(s) / calibration service(s) / training service(s) will be used:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Avionics (AVIAPR) |  | Engineering (ENGAPR) |  | Admin, QA, HR (OTHADM) |
|  | Project / R&D (PRJAPR) |  | Facility Management (OTHFAC) |  | Shipping / Transport (OTHSHP) |
|  | IT, Communications (OTHICT) |  | Other (OTHERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

Supplier Classification: Tier Category Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Section 3 - Thomas Global Quality Assurance to Complete***

QA to send Supplier Questionnaire: No   Yes Sent by: Date: \_

QA to perform on-site Supplier Audit: No   Yes

Supplier initial approval:   No Yes  Conditional

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Approver Name and Signature: Date: