

SUPPLIER PROFILE FORM

HR-AL-PG-ADM-F-06101

Owner: General Purchasing Sr.

Revision Date: 9/24/07

Manager

Revision Level:04

Please provide HMMA with information about your company. This information is only used internally by HMMA. New Supplier **Existing Supplier** Please check one that applies **GENERAL COMPANY AND CONTACT INFORMATION** COMPANY NAME ADDRESS (Number and Street) CITY STATE SENIOR MANAGEMENT CONTACT TITLE E-MAIL ADDRESS SALES CONTACT TITLE E-MAIL ADDRESS OFFICE PHONE NUMBER OFFICE FAX NUMBER MOBILE PHONE NUMBER WEB PAGE ADDRESS COMPANY YEAR ESTABLISHED NUMBER OF EMPLOYEES CONTRACT EXPIRATION DATE (IF UNIONIZED) MINORIITY CERTIFICATION (i.e. Is your company certified by one of the National Minority Supplier Development Councils (NMSDC's) regional affiliate ☐ Yes ☐ No ☐ Yes ☐ No WOMEN-OWNED BUSINESS (i.e. Is at least 51% of your company owned by a woman or women?) PARENT COMPANY OR COMPANIES (IF APPLICABLE) PARENT COMPANY HOLDING % PARENT COMPANY NAME PRICINCIPLE PRODUCTS OF PARENT COMPANY PRINCIPLE SUBSIDIARIES (IF APPLICABLE) SUBSIDIARY NAME PRICINCIPLE PRODUCTS OF SUBSIDIARY COMPANY PLANT / FACILITY PLANT / FACILITY NAME



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RES	RESEARCH AND DEVELOPMENT FACILITIES FACILITY NAME LOCATION PRINCIPLE ACTIVITIES									
	FACILITY NAME	FRINGIFLE	PRINCIPLE ACTIVITIES							
DO	YOU HAVE A LOCATION IN KOREA?			Yes No						
If YE (Nam	S, PLEASE PROVIDE CONTACT INFORMATION: ie, Address, Phone Numbers, E-mail, etc.)									
		PRODUCT / SERVICES DETAILS								
ANN	JAL SALES									
	CURRENT YEAR \$	PREVIOUS YEAR \$								
MAJ	DR CUSTOMERS									
	COMPANY	PRODUCTS OR SERVICES PROVIDED	DATES OF SERVICE	ANNUAL \$						
MAR	KET SHARE INFORMATION	BLE PRODUCT / SERVICE	CHARE	DANKING						
	APPLICA	LE PRODUCT / SERVICE	SHARE	RANKING						
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PRO	DUCTION CAPABILIITES									
		APPLICABLE PRODUCT / SERVICE		Yes / No						
	Do you design independently based on Hyundai general sp	ecifications?		☐ Yes ☐ No						
	Do you have in-house capabilities for making tooling and d		☐ Yes ☐ No							
	Do you have in-house capabilities for testing?		☐ Yes ☐ No							
	Do you have in-house capabilities for measurement?		☐ Yes ☐ No							
	Do you have in-house prototype capabilities?		☐ Yes ☐ No							
	Do have hold a patent(s) in regard to this product?			☐ Yes ☐ No						
	Product advantages:									



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QUALITY CERTIFICATIONS										
ISO 9000	☐ YES	□ NO	☐ FUTURE PLAN	□ NO PLAN	CERTIFICATION DA		AN DATE			
QS 9000	☐ YES	□ NO	☐ FUTURE PLAN	□ NO PLAN	CERTIFICATION DA					
ISO 14001	☐ YES	□ NO	☐ FUTURE PLAN	□ NO PLAN	CERTIFICATION DA	ATE FUTURE PL	AN DATE			
TS 16949	☐ YES	□ NO	☐ FUTURE PLAN	□ NO PLAN	CERTIFICATION DA	ATE FUTURE PL	AN DATE			
,										
PAYMENT METHOD										
Are you EDI c	apable?	Yes □ No								
If so, what type of communication protocol do you use? ☐ AS2 ☐ VAN										
AUTHORIZATION										
SIGNATURE	SIGNATURE PRINTED NAME DATE						DATE			
FOR HYUNDAI USE ONLY										
DATE RECEIV	VED		PROCESSED BY			DATE APPROVED	SUPPLIER #			