

SUPPLIER PROFILE FORM

HR-AL-PG-ADM-F-06101

Revision Date: 12-Oct-15 Owner: General Purchasing Revision Level: 03

Please provide HMMA with information about your company. This information is only used internally by HMMA.

Please select one that applies: New Supplier Existing Supplier

GENERAL COMPANY AND CONTACT INFORMATION									
PRODUCTS AND SERVICES YOU PROVIDE									
СОМРАПУ ПАМЕ									
ADDRESS (NUMBER AND STREET)									
CITY	STATE	ZIP							
EXECUTIVE MANAGEMENT CONTACT	TITLE	EMAIL ADDRESS							
SALES CONTACT	TITLE	EMAIL ADDRESS							
OFFICE PHONE NUMBER	MOBILE PHONE NUMBER	WEBSITE ADDRESS							
CERTIFICATION									
If you are certified as a Minority, Woman, or Disabled Veteran-owned Business Enterprise (M/W/DVBE), please provide the certifying agency and submit a copy of your certification form along with this form (attach electronically).									
Certifying Agency: Certification #: Certification Type: Expiration Date: NMSDC WBENC Other:									
BUSINESS INFORMATION									
Parent Company or Companies (if applicable):									
PARENT COMPANY NAME	PARENT COMPANY HOLDING %	PRINCIPLE PRODUCTS OF PARENTS COMPANY							
Principle Subsidiaries (if applicable):									
SUBSIDIARY NAME	% OWNERSHIP BY YOUR COMPANY	PRINCIPLE PRODUCTS OF SUBSIDIARY							
Plant / Facility:									
PLANT / FACILITY NAME	LOCATION	PRODUCTS MANUFACTURED							

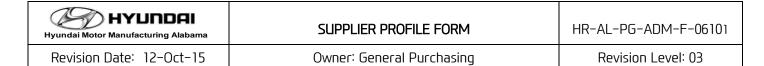


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Research and Development Facilities:								
FACILITY NAME	FACILITY NAME LOCATION			RINCIPLE ACTIVITIES				
Do you have a location in Korea? YES NO								
If yes, please provide contact information: (Name, Address, Phone Number, etc.)								
5	, ,		·					
	PRODUCT / SERVICE D	ETAILS						
ANNUAL SALES:								
Current Year: \$ Previous Year: \$								
NAICS CODE: DUNS:								
Major customers:								
COMPANY	PRODUCTS OF SERVICES PROVIDE	D	DATES OF SERVICE	ICE ANNUAL \$				
		BATES OF SERVICES FROVIDED						
Market Share Information:								
APPLICABLE PR	ODUCT / SERVICE		SHARE	RANKING				
Production Capabilities:	PLICABLE PRODUCT / SERVICE				_			
		YES / N						
Do you design independently based on Hyundai general specifications?								
Do you have in-house capabilities for making tooling and dies?					По			
Do you have in-house capabilities for testing?					По			
Do you have in-house capabilities for measurement?					По			
Do you have in-house prototype capabilities?					По			
Do you hold a patent(s) in regard to this product?					По			
Product advantages / patent name and details:								



QUALITY CERTIFICATIONS									
ISO 9000	Yes	По	Future Plan	No Plan	CERTIFICATION DATE:	FUTURE PLAN DATE:			
QS 9000	Yes	По	Future Plan	No Plan	CERTIFICATION DATE:	FUTURE PLAN DATE:			
ISO 14001	Yes	По	Future Plan	No Plan	CERTIFICATION DATE:	FUTURE PLAN DATE:			
TS 16949	Yes	По	Future Plan	No Plan	CERTIFICATION DATE:	FUTURE PLAN DATE:			
	PAYMENT METHOD								
Are you EDI capable? Yes No If so, what type of communication protocol do you use? AS2 VAN									
By submitting this form, you hereby acknowledge that the information provided is current, complete and accurate, as of the time of submission. Please note, submission of this form does not guarantee business by Hyundai Motor Manufacturing Alabama, LLC or any of its affiliates.									
Your information will be retained within HMMA's Purchasing Division for 1 year from the date in which it is received. Once received, your information is forwarded to the appropriate department within HMMA. All inquiries will be responded to on an as-needed basis by the department in need of a particular service and/or product.									
AUTHORIZATION:									
Signature			Prints	ed Name		Date			
FOR HMMA USE ONLY									
DATE RECEIVE	D:	PROCES	SSED BY:	DATE	APPROVED:	SUPPLIER #:			