

08.04.04 FS Use of External Companies – Annex 1

External company's declaration and list of subcontractors

Address of the external company (Company name, postcode/ city, street/ no.)	
Contact person	
Phone	
Email	
Competent accident insurer	
Person in charge on site	Name: Phone: Function:

Brief description of service (work to be carried out)	
Site of activity (working area, workplace)	
Execution (date/time)	from: until:
Order number	Order date

The **KNDS Factory Regulations** for External Companies and their employees are known and recognised. With his signature, the signing person confirms, that he/she has taken note of and complies with this information.

.....
Date

.....
Signature of person responsible, external company

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External company's declaration and list of subcontractors

List of subcontractors (to be completed by external company/contractor)

If any changes should occur during order processing, the KNDS contract manager must be informed immediately!

Address of the subcontractor (Company name, postcode/ city, street/ no.)	
Phone	
Competent accident insurer	
Person in charge on site	Name: _____ Phone: _____ Function: _____

Address of the subcontractor (Company name, postcode/ city, street/ no.)	
Phone	
Competent accident insurer	
Person in charge on site	Name: _____ Phone: _____ Function: _____

Address of the subcontractor (Company name, postcode/ city, street/ no.)	
Phone	
Competent accident insurer	
Person in charge on site	Name: _____ Phone: _____ Function: _____

Address of the subcontractor (Company name, postcode/ city, street/ no.)	
Phone	
Competent accident insurer	
Person in charge on site	Name: _____ Phone: _____ Function: _____