**SUPPLIER SELECTION STATEMENT**

**Date of Completion**: Date of Completion

**Name of Legal Representative:**  Names and surnames

**Name of Statutory Auditor:** Names and surnames

The Organization **Company name** With TIN **Click or tap here to type the TIN** voluntarily and under certainty that everything stated here is true, make the following statement under oath, understood to be provided by signing this document:

1. **Enabling Requirements:**
	1. The Organization is up-to-date on the social security and parafiscal contribution payments of employees.



* 1. The Organization states that it has had investigations or sanctions by environmental authorities in the last 5 years.



* 1. The Organization states that, in the last 5 years, it has had complaints regarding human rights issues with different stakeholders or that have negatively affected its reputation.



1. **Assessment Criteria**:

2.1 *Financial Analysis*

Leverage Index: Debt/Ebitda 

Operating Margin: Operating profit/income 

Net Margin: Net Profit/Income 

2.2 *OHS*

The Organization states that it complies with the OHS requirements applicable in its country of origin.



 2.3 Work

Do you have corporate policies or guidelines that ensure compliance with labor and social security regulations with your employees and, additionally, promote work conditions of well-being, diversity, inclusion, employee development and/or any other right or work condition?



 2.4 Social

Has corporate policies or guidelines regarding respect for human rights recognized by local regulations and/or the International Charter of Human Rights, the principles of the International Labor Organization, and national regulations that recognize human rights and gender equity.



In witness whereof, and as a manifestation of the veracity of the information in this document, it is signed in the city of Click or tap here to write text on the (Click or tap here to write text) day of the month of Click or tap here to enter the month of Click or tap here to write text

|  |  |
| --- | --- |
| **Name of Legal Representative.** | **Name of Statutory Auditor.** |
| Citizen’s I.D.: Citizen’s I.D. | Citizen’s I.D.: Citizen’s I.D. |

SIGNATURE: SIGNATURE: 