



**Basic Working Conditions and Code of Conduct Policies
Supplier Certification Form**

Supplier* Name: _____

Supplier Address: _____

**Supplier Contact
Name:** _____

Telephone: _____

E-Mail Address: _____

I have read the current version of the Federal-Mogul Supplier Basic Working Conditions Policy (FMPG-GL001) and Federal-Mogul's Code of Conduct found by accessing this [link](#) and confirm that (name of company) _____ agrees to adhere and adheres to the policy.

Certification: I certify that I have the authority to sign this certification on behalf of the company.

Signature

Date

Printed Name

Designation

* "Supplier": As used in the Federal-Mogul Supplier Basic Working Conditions Policy (FMPG-GL007), the term "Supplier" shall mean all entities and persons supplying goods and services (including consultancy and agency services) to the Company or its subsidiaries