

# Contractor declaration to Framework Document A

## “Workplace Safety in Contractor Management for blue-collar-workers and Service Staff”

Upon acceptance of the order, the Contractor agrees to the terms of this “Workplace Safety in Contractor Management” Framework Document A regarding occupational health and safety, compliance with which is an integral part of the order. By way of confirmation, the following declaration by the Contractor, including an attestation of briefing, must be returned to the requester at KfW. This briefing has to be done every year and must be returned to the requester at KfW.

### Declaration

This declaration is an integral part of the contract between KfW (the Customer) and the Contractor, and it must only be signed by persons authorised to do so. The signed declaration must be returned to the requester at KfW and is valid for one year.

We hereby declare that in the course of executing our order(s) at KfW, we will comply with the terms set out in this Framework Document A “Workplace Safety in Contractor Management for blue-collar-workers and Service Staff”. We undertake to provide briefings to our employees, sub-contractors and sub-suppliers every year regarding the present safety information.

### Attestation of briefing

I hereby declare that I have provided briefings to the employees listed below regarding the content of the rules and procedures specified there, as well as compliance with the same:

\_\_\_\_\_  
Contractor (company)

\_\_\_\_\_  
First name, surname

\_\_\_\_\_  
Company stamp

Please copy, complete and return this template to KfW as needed.  
Please fill out in block letters!

**If an Occupational Health and Safety Declaration has been signed and returned to KfW within the framework of the initial contract, the requirement for additional similar declarations or a separate list of persons who have already been instructed in the health and safety requirements shall be waived.**

**The KfW’s contract partner will be required to instruct its personnel on a yearly basis about the health and safety requirements and present evidence of this instruction to the KfW upon request.**

\_\_\_\_\_  
Contractor (company)

\_\_\_\_\_  
First name, surname

\_\_\_\_\_  
Street address incl. number

\_\_\_\_\_  
Postcode, city

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date, signature

\_\_\_\_\_  
Company stamp

Please fill out in block letters!

<u>Surname</u>	<u>First name</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____