

SIGNET CTPAT PIP REPORT

**U.S. Customs and Border Protection (CBP) Customs Trade Partnership Against
Terrorism (CTPAT) and
Canada Border Services Agency (CBSA) Partners In Protection (PIP) Assessment**

The Signet CTPAT PIP Report should be completed on behalf of your entire company, therefore only one vendor number is listed below.

The completion of this questionnaire is required annually and supports Sterling Jewelers Inc.'s (SJI) certification with US CBP's CTPAT Security program and Zale Canada's (ZC) certification with Canada CBSA PIP.

This questionnaire is intended to address all CTPAT and PIP requirements and recommendations. It represents SJI/ZC's effort to refresh CTPAT and PIP awareness, identify any major gaps at the supplier's site, and encourage CTPAT, PIP, or country equivalent certification for SJI/ZC's suppliers.

1. Supplier General Information

- 1.a. Company Name:
- 1.b. Company Physical Street Address, City, Country:
- 1.c. Contact Name:
- 1.d. Contact Title:
- 1.e. Contact Phone Number:
- 1.f. Contact Email:

2. Select all activities that are performed at this site?

- Manufacturing
- Warehouse
- Shipping
- Head Office
- Sales Office or Trading Office
- Other (please explain)

3. Does your company use any other manufacturing, warehouse, or shipping locations?

If Yes,

4. Please provide the manufacturing, warehouse, or shipping locations used by your company:

- 4.a. Company Name:
- 4.b. Type (manufacturing, warehouse or shipping):
- 4.c. Company Physical Street Address, City, Country:
- 4.d. Contact Name:
- 4.e. Contact Title:
- 4.e. Contact Phone Number:



- 4.f. Contact Email:
4.g. Percentage of Signet business conducted at this facility (% numeric value): _____

5. Add another manufacturing, warehouse, or shipping location?

If **Yes**, you can enter three or more additional manufacturing, warehouse, or shipping locations with Question 10 allowing you to enter free form text for any that exceed three additional locations.

11. Please identify the individual in your company responsible for handling shipments:

- 11.a. Contact Name _____
11.b. Contact Title: _____
11.c. Contact Phone Number: _____
11.d. Contact Email: _____

Supplier Security Program Status.

12. What is your U.S. Security Status?

- Certified CTPAT (provide Certification Number / ID) _____
 Pending Application
 Not Certified
 We do not have any business entities in U.S.

13. What is your Canada Security Status?

- Certified PIP (provide Certification Number / ID) _____
 Pending Application
 Not Certified
 We do not have any business entities in Canada

14. What is your Security Status for other countries (i.e. Europe: AEO)?

- Certified (provide Country Program and Number / ID) _____
 Pending Application
 Not Certified
 We do not have any business entities in other countries



Please provide your Full Name:

Please provide your Position/Title:

Please provide your Department:

Please provide the Date:

