Form 002 Revised June 12, 2013



Anti-Corruption Questionnaire

Full Legal Name of				
Business:				
Operational Addres	ss:			
Phone Number:		Fax Number:		
Type of business:	□Individual	☐Corporation ☐Partnership	Government	
List all other names	s under which yo Name	u have conducted business, inc	luding the time period for each. Date	
Q1. Is your organize	ation publicly list	ted and where?		
For privately owned of shareholders holding		he owners of your organization. Fo	or publicly traded companies, list	
Name		Ownership%	Nationality(ies) if applicable	
Q2. Who are the pr Name	rincipal officers o	f your organization? Title	Years of service	
related to a Public	Official?	nanagement member of your o NO TES etween such person(s) and the Pub		



Anti-Corruption Questionnaire

Q4. Does any key employee or senior management member of your organization provide financial or any other benefits to a Public Official or a member of a Public Official's family? If yes, please explain. □NO □ YES				
Provide a list of all of the benefits given, the name of all recipients of such benefits and their relationship to the Public Official (e.g. cousin, sister, etc.).				
Q5. Does any Public Official or a member of a Publ benefit in any way, as a result of the proposed agr				
Q6. Have you or any key employee or senior mana convicted of a felony or any other serious crime? A pending? □ NO Describe the charges for which you or key members of you currently pending, and when this occurred.				
to the Foreign Corrupt Practices Act, in providing g	ovisions of applicable laws, including but not limited goods and services under the proposed agreement?			
Signed	Date			
Name	 Title			