

Questionnaire and protection information agreement

The purpose of this questionnaire is

- To receive from Business Partner information that will enable CJSC “R-Pharm” to discharge properly its obligations under the Anti-corruption compliance policy CJSC “R-Pharm”;
- To provide an opportunity for Business Partner to accept the confidential information notification elaborated by CJSC “R-Pharm” with the object of showing how this collected personal data will be used.

For purposes of this questionnaire “**Government or Public Official**” means any of the following:

- any government official or officer (including appointed individual or current candidate for) or employee of any other public structure, public institution or government-owned company;
- any individual acting on behalf of the government, of public institution or other public structure;
- any current official or officer working in government-owned, fully or partly, company;
- any current employee of public international organization (i.e. IMF, UN);
- current political party official or employee or an individual working on behalf of a political party; or/and
- current candidate for political party.

Business Partner Questionnaire
To be completed by Business Partner

I. Basic Information

Company Legal Name (Complete Legal Name): _____

Company Legal Address:

Postal Code _____

Country _____

State, city _____

Street, building, number _____

Phone _____

Web-site _____

Company actual address (if different):

Postal Code _____

Country _____

State, city _____

Street, building, number _____

Phone _____

Web-site _____

II. Primary Contact Information

Contact Name: _____

Contact Title: _____ E-Mail _____

Telephone: Office _____ Mobile _____ Fax _____

III. Primary Information about Company

1. Legal Structure of Company (Examples: Limited Liability Company, Closed Joint-Stock Company, Individual Entrepreneur etc.): _____

Date of Incorporation: _____ Country of Incorporation: _____

Certification Number: _____

Business Identification Number: _____

Registration Number: _____

2. Does this company do business under any other name?

Yes

No

If yes, please provide the following information:

Full Legal Name: _____

Legal Address: _____

(use a separate sheet of paper, if necessary)

3. Does the Company have any Subsidiaries, Sister Companies/Organizations, Jointly-owned Subsidiaries or Alliance Partners and other in which the Company owns the controlling stake?

Yes

No

If yes, please provide the following information:

Full Legal Name: _____

Legal Address: _____

Relationship to You: _____

(use a separate sheet of paper, if necessary)

4. The expected nature of cooperation with JSC "R-Pharm" :

Public procurement tenders

Trading activities (import, export, discharge, etc.)

Representing the interests / counseling

Sales activities (distributor, sales agent, etc.)

Professional / pre-clinical and / or clinical research

Other (specify):

5. The key personnel

Please provide the following additional information for each official and senior manager

(use a separate sheet of paper, if necessary):

Person's Full Name	Person's Position	Does anybody of them or/ and any member of their families is a Government or Public Official
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Does the key personnel (5) has authority within the Company or elsewhere to make or influence decisions or recommendations regarding ANY of the following:

- Official pricing of "R-Pharm" products
- Inclusion of "R-Pharm" products into the official lists, and / or standards of care
- Reimbursement of "R-Pharm" products
- Institutional purchase of "R-Pharm" products for companies, institutions, agencies and international organizations, etc. (ex., the World Health Organization)
- Approval, issuance of registration of permits, licenses or other authorization documents for "R-Pharm" products
- Other types of registration, authorization or approval relating to the "R-Pharm" commercial interests
- None of the above

Key employee Name _____

7. **Bank Information:** Provide the following Payment Information:

Bank Name _____

Location (city, province, country) _____

8. **Business Size**

Please provide the information about Company's annual sales for the last 3 years (including currency)

9. **Measures for the prevention of corruption**

Which preventive measures according to the Art. 13.3 of the Federal Law № 273 "On Counteracting corruption" exist in your Company?

- Department or Officer (Name _____),
 responsible for the corruption prevention and for other offenses;

- Standards and procedures designed to ensure fair work of your Company
- Code of Ethics and Conduct
- Standards and procedures designed to prevent and to resolve conflicts of interests
- Standards and procedures designed to prevent unofficial bookkeeping and using of forged documents
- N/A

(Please attach copy of relevant standards and procedures)

10. Foreign-economic activity

a) Please provide the list of Countries where your Company has business:

b) Please provide the list of Countries where your Company is planning to work with CJSC “R-Pharm” (if different from paragraph a)

IV. References

Please provide the names of two (2) business associates which “R-Pharm” may contact as a reference:

Reference #1

Reference Company Legal Name (Complete Legal Name):

Reference Company Legal Address:

Postal Code _____

Country _____

State, city _____

Street, building, number _____

Phone _____

Web-site _____

Contact Name: _____

Contact Title: _____ E-Mail _____

Telephone: Office _____ Mobile _____ Fax _____

Reference #2

Reference Company Legal Name (Complete Legal Name):

Reference Company Legal Address:

Postal Code _____

Country _____

State, city _____

Street, building, number _____

Phone _____

Web-site _____

Contact Name: _____

Contact Title: _____ E-Mail _____

Telephone: Office _____ Mobile _____ Fax _____

V. Subcontracting

Are you going to hire subcontractors to perform work for CJSC "R-Pharm"?

Yes (fill in items 1-7) No (go to Section VI)

1. Will subcontractor interact with health care professionals or government/ public officials on behalf of CJSC "R-Pharm"?

Yes No

If yes, please provide the following information:

2. How many subcontractors are you going to hire?

1 - 5 more than 5

3. Approximately what percentage of primary resources, necessary for providing the required services to CJSC "R-Pharm", will be given by subcontractors?

less than 25 % 25 - 50 % 50 % and more

4. Approximately what percentage of the Business Partner's annual income will be produced by subcontractors?

less than 25 % 25 - 50 % 50 % and more

5. Is anybody of Subcontractor Company's owners or key personnel government or public officials?

Yes No

If yes, please provide the following information:

6. Is any of Subcontractor Companies controlled or owned, wholly or partly, by a governmental organization?

Yes No

If yes, please provide the following information:

7. Is anybody of Subcontractor Company's key personnel or their families government or public official?

Yes No

If yes, please provide the following information:

VI. Penalties, investigations, suspensions or disqualifications

1. Was anybody of the key personnel (paragraph 5) of your Company deprived of rights and/ or temporary dismissed from his post due to bribery, money laundering, fraud or other offences within the past five years?

Yes No

If yes, please provide the following information:

2. Was anybody of the key personnel (paragraph 5) of your Company involved in any criminal investigation relating to bribery, money laundering, fraud or other serious offenses within the past 5 years?

Yes No

If yes, please provide the following information:

VII. Participation of Business Partner/ affiliates in lawsuits

1. Did your Company/ affiliates participate in lawsuits within the past three years?

Yes No

If yes, please, specify (if there is not enough space, use a separate sheet of paper with list of current legal proceedings):

2. Are your Company/ affiliates participating in lawsuits at present?

Yes No

If yes, please, specify (if there is not enough space, use a separate sheet of paper with list of current legal proceedings):

VIII. Observance of the R-Pharm Compliance Policy

Do you agree to include the following anti-corruption provisions in the relevant contract:

1. Requirements ensuring the observance of the U.S. Foreign Corrupt Practices Act, the UK Bribery Act and other applicable anti-corruption laws.

Yes No

If no, please provide the following information:

2. Right of CJSC "R-Pharm" to unilaterally withdraw from the contract due to Business Partner's violation of the anti-corruption law including requirements ensuring that Company observes the U.S. Foreign Corrupt Practices Act, the UK Bribery Act.

Yes No

If no, please provide the following information:

3. Right of CJSC "R-Pharm" to audit documents related to Business Partner's activities in the framework of cooperation with CJSC "R-Pharm".

Yes No

If no, please provide the following information:

4. Obligation for employees involved in cooperation with CJSC "R-Pharm" to be trained by CJSC "R-Pharm" about anti-corruption measures.

Yes No

If no, please provide the following information:

5. Pass an annual certification of compliance to these principles.

Yes No

If no, please provide the following information:

IX. Business Partner's consent

I hereby certify:

- That I am a duly authorized representative of the Company named below (Potential Business Partner / Business Partner);
- That the information I have provided is true and complete to the best of my knowledge;
- That in connection with Company's business with CJSC "R-Pharm", no officer, director, owner, employee, agent or representative of the Company ("**Representatives**") has given or will give or attempt to give anything of value to a Government or Public Official, political party or candidate for political office, or any other individual or entity, directly or indirectly for the purpose of obtaining or retaining any business or gaining any improper advantage. Potential Business Partner / Business Partner hereby confirms that he received the Code of business ethics and the Anti-corruption compliance policy of CJSC "R-Pharm", acquainted with their contents and made his Representatives to acquaint with their contents and that he and his Representatives will follow the Code of business ethics and the Anti-corruption compliance policy of CJSC "R-Pharm" in the activity:
- That the Company is providing services to CJSC "R-Pharm" in exchange for payment at fair market value.

Signature

Date

Typed or Printed Name

Title

Company Name

Address