

Business Partner Annual Audit Questionnaire

The purpose of this Questionnaire is to receive from Business Partner confirmation that his activities comply with legislation, including anti-corruption legislation and codes of ethics applied to Business Partner.

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.

Questionnaire
To be completed by Business Partner

<p>1. Company Legal Name (Complete Legal Name):</p> <hr/> <hr/>																																	
<p>2. Did the legal structure of the Company changed since the last certification [date]_____?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the following information about actual legal structure:</p> <hr/> <hr/>																																	
<p>3. Did essential changes take place in key personnel structure since the last certification [date]_____?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the following additional information for each official and senior manager (use a separate sheet of paper, if necessary):</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%; padding: 5px;">Person's Full Name</th> <th style="width: 35%; padding: 5px;">Person's New Position and Date of taking office</th> <th style="width: 30%; padding: 5px;">Does anybody of them or/ and any member of their families is a Government or Public Official</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>	Person's Full Name	Person's New Position and Date of taking office	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
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<p>4. Business Partner undertakes to comply with all applicable laws within his activities, including Russian Federation anti-corruption law, provisions of the U.S. Foreign Corrupt Practices Act and the UK Bribery Act, ethical principles of business conduct, and to inform CJSC "R-Pharm" about any violations.</p>																																	

Yes

No

If no, please provide the following information:

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
