

DUE DILIGENCE

GENERAL FORM

COMPANY OPERATING NAME:

[COMPAGNY NAME]

Number of Attached Files:	Submission Date [YEAR/MONTH/DAY]:
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<u>VISA:</u>

INSTRUCTIONS:

1

Save the file as:

[MYCOMPANY]-DDQ-[number of attachments]attach- [yearmonthday]

Your company name = your company's operating name

Number of documents attached: the name of documents attached to the RFQ

Date: The date you send the file

Example: MYCOMPANY-DDQ-04attach-20240301

2

List the attached documents

Example:

TABLE OF ATTACHED DOCUMENTS

No.	Name of Attach. File	Description
01	MYCOMPANY-DDQ-Attach01-Engagement	Commitment of the Company Manager
02	MYCOMPANY-DDQ-Attach02-Delegation Letter	Power to the person who completes the QQD
03	MYCOMPANY-DDQ-Attach03-Cie Registration	Official References of the Cie
04	MYCOMPANY-DDQ-Attach04-Ethical Code	Ethical Code of the Cie
05	MYCOMPANY-DDQ-Attach05-Court explanation	Note on past, present and pending legal actions
06	MYCOMPANY-DDQ-Attach06-Fin Exam	Note on past, present and pending financial reviews
07	MYCOMPANY-DDQ-Attach07-dispute and litigation	Note on past, present and pending litigation and litigation
08	MYCOMPANY-DDQ-Attach08-	Other document: to be specified
09	MYCOMPANY-DDQ-Attach09-	Other document: to be specified
10	MYCOMPANY-DDQ-Attach10-	Other document: to be specified

By default, attachments will be considered to contain up-to-date information as of the date the RFQ is received (the date indicated on the DDQ file name)

3

Fill in all the fields with the requested information. If the field is not related to your business activity, please write Not Applicable (N/A).

4

Attach all the required documents such as your corporate code of conduct (if available), your company's registration and regulatory identifiers, your company's compliance and anti-corruption policies and procedures, and any other documents you deem useful.

5

Each page must be initialled (cell "Signatory Visa", at the bottom of the page). **The form must be signed with the company's stamp and dated.**

VISA:

TABLE OF ATTACHED DOCUMENTS

No.	Name of Attach. File	Description	STATUS	
			In attachment	Not applicable
01	-DDQ-Attach01-Engagement	Commitment of the Company Manager	<input type="checkbox"/>	<input type="checkbox"/>
02	-DDQ-Attach02-Delegation Letter	Power to the person who completes the QQD	<input type="checkbox"/>	<input type="checkbox"/>
03	-DDQ-Attach03-Cie Registration	Official References of the Cie	<input type="checkbox"/>	<input type="checkbox"/>
04	-DDQ-Attach04-Ethical Code	Ethical Code of the Cie	<input type="checkbox"/>	<input type="checkbox"/>
05	-DDQ-Attach05-Court explanation	Note on past, present and pending legal actions	<input type="checkbox"/>	<input type="checkbox"/>
06	-DDQ-Attach06-Fin Exam	Note on past, present and pending financial reviews	<input type="checkbox"/>	<input type="checkbox"/>
07	-DDQ-Attach07-dispute and litigation	Note on past, present and pending litigation and litigation	<input type="checkbox"/>	<input type="checkbox"/>
08	-DDQ-Attach08-	Other document: to be specified:	<input type="checkbox"/>	<input type="checkbox"/>
09	-DDQ-Attach09-	Other document: to be specified:	<input type="checkbox"/>	<input type="checkbox"/>
10	-DDQ-Attach10-	Other document: to be specified:	<input type="checkbox"/>	<input type="checkbox"/>
11				
12				
13				
14				

Remarks:

Note: as much as necessary, add declarations of conformity to specific regulations, according to the products concerned and according to the national and international regulations and recommendations in force.

Each specific declaration must be the subject of a specific attached document.

VISA:

1. BACKGROUND INFORMATION

1.1. Legal name:

1.2. Address:

1.3. Phone Number :

1.4. Address of the company's website:

1.5. List of countries where the company operates:

2. CONTACT DETAILS OF THE PERSON FILLING OUT THIS FORM

2.1. Surname, First Name and Title:

2.2. Telephone number registered on a typical network:

2.3. Email address:

3. ORGANIZATIONAL STRUCTURE AND OWNERSHIP OF THE COMPANY

3.1. Form of organisation of the company or acting as an individual (Examples: SAS, Spa, Sarl, Snc, partnership, joint venture, etc.):

3.2. Related Entities.

YES

NO

Please provide the names, addresses and contact information of entities related to or affiliated with the company (if applicable):

has. Parent company of the company:

b. Subsidiaries:

c. Any other company or entity in which the Company has a controlling interest:

VISA:

d. Does the company represent or offer products for another company?

YES NO

Please indicate the names of the products represented (if applicable), as well as their definitions:

Are these products subject to specific regulations:

YES NO

Please specify specific regulations (if applicable):

3.3. Please list all owners, including individuals and businesses, and indicate the percentage of ownership of each owner. Please attach an additional sheet if necessary.

Full legal name of owner % of ownership interest

Legal Name % of shares :

Legal Name % of shares :

Other:

3.4. In which country does the company have its main bank account:

3.5. Attach a copy of your registration and incorporation documents of your company

YES NO

3.6. If another company owns your business in whole or in part, please also submit the registration and incorporation documents of that company.

YES NO

Remarks:

VISA:

4. COMPANY STAFF

4.1. List the names and titles of all officers, directors or officers of the corporation:

Write the list on the form or present on an attached file.
Example of Attachment file: MYCOMPANY-DDQ-Attach09-Shareholders

4.2. List the names and titles of employees directly or indirectly involved in the business operations of the company you represent:

Write the list on the form or present on an attached file.
Example of Attachment file: MYCOMPANY-DDQ-Attach10- Team

5. THIRD PARTIES

5.1. Subsidiaries, distributors, affiliates and business partners (third parties)

Please indicate the names of the related persons or companies who will act as subsidiaries, distributors, affiliates or business partners in the following areas:

- a. Promotion:

- b. Sale or distribution:

- c. Obtaining or maintaining regulatory approval:

- d. Licensee/Approval Holder as required by applicable laws and regulations:

VISA:

Example of Attachment file: MYCOMPANY-DDQ-Attach11- Third party

5.3. Does your company require anti-bribery conditions (e.g., promises not to engage in bribery, termination rights for non-compliance, audit rights)?

YES NO

Please specify the specific conditions required by your company (if applicable):

Write the list on the form or present on an attached file.

Example of Attached File: MYCOMPANY-DDQ-Attach12- Detailed Ethic Org

6. ETHICS AND COMPLIANCE PROGRAM

6.1. Are you familiar with the laws and regulations based on the country, the FCPA, the UK Bribery Act, the national codes?

YES NO

6.2. Is the company a member (or adheres to) an industry code?

YES NO

If so, which one(s)?

Remarks:

Example of Attachment file: MYCOMPANY-DDQ-Attach13- SectorCode

6.3. Does your company have a code of conduct or anti-bribery policies?

YES NO

VISA:

6.4. Does your company train its employees on its code of ethics and anti-corruption policies?

YES NO

6.5. Do you consistently provide a code of ethics or your company's policy and procedures outlining the ethical business practices expected of your employees?

YES NO

Remarks:

6.6. Upon receipt of the Code of Conduct from a third party to engage in business relations, do you agree to comply with its content and provide it to all employees, subsidiaries, distributors and agents, provided that the Code of Conduct complies with applicable national and international regulations and recommendations?

YES NO

6.7. How often is ethics or compliance training provided in your company?

ANNUALLY IF NEED BE I NEED TRAINING
 QUARTERLY NEVER

Remarks:

VISA:

6.8. Of the following interactions, please select those that may take place between your company and HCPs. Please also provide their indicative amounts:

has	Gifts or other promotional and educational materials	<input type="checkbox"/> YES Amount: US\$	<input type="checkbox"/> NO
b	Support via scholarships or research grants	<input type="checkbox"/> YES Amount: US\$	<input type="checkbox"/> NO
c	Charitable Donations	<input type="checkbox"/> YES Amount: US\$	<input type="checkbox"/> NO
d	Meal	<input type="checkbox"/> YES Amount: US\$	<input type="checkbox"/> NO
e	Journey	<input type="checkbox"/> YES Amount: US\$	<input type="checkbox"/> NO
f	Hotel	<input type="checkbox"/> YES Amount: US\$	<input type="checkbox"/> NO
g	Other (please describe)	<input type="checkbox"/> YES Amount: US\$	<input type="checkbox"/> NO

6.9. Compliance Comment and Other Required Documentation:

Write the list on the form or present on an attached file.

VISA:

7. RELATIONS WITH HCPS AND PUBLIC OFFICIALS

7.1 Does a member of the Company's staff listed in sections 3 and 4, or family members of employees (listed in sections 3 and 4), use the services of a current or former employee:

a. Public Official:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. International Regulatory Officer for Products Involved in Commercial Activities	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c. Close relative of a public official or an agent of the international regulatory services of the products concerned by the activities	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d. Political candidate	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
e. A person with authority within a government entity who can make or influence decisions/recommendations regarding:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
- Bulk purchase of on behalf of companies, institutions, organizations, etc	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
- Approval of registrations, permits or other authorizations related to traded products	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

7.2. If the answer is Yes to any of the above questions, please provide the full names of that person(s):

Write the list on the form or present on an attached file.

7.3. Does your business deal with:

a. Government representatives?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. Government departments or agencies?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

VISA:

If YES, please indicate the percentage (%) of sales that result from government contracts:

Write the list on the form or present on an attached file.

8. PENALTIES AND PENALTIES

8.1. Do your company, its subsidiaries or any of its employees (listed in sections 3 and 4) have:

a	Have been charged with a criminal offence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b	been declared bankrupt or insolvent?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c	been expelled or removed from one or more professional associations?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d	prosecuted for fraud?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
e	Been charged or convicted of money laundering?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
f	is subject to a penalty or an administrative sanction?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
g	Have been accused or convicted of bribery or corruption?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

8.2. If the answer to a question is Yes, please provide a brief written explanation, including the names of all parties involved, the dates and the description of the offence.

Example of Attachment file: MYCOMPANY-DDQ-Attach05-Court explanation

VISA:

8.3. Has your company or any of its affiliated books and records ever been examined as part of a government audit or investigation to verify their compliance with anti-bribery laws?

YES NO

If YES, please provide documents and information about the exam

[Example of Attached file: MYCOMPANY -DDQ-Attach06-Fin Exam](#)

8.4. Do your company or its affiliates have any ongoing or threatened claims, disputes, or investigations that have not yet been resolved or closed?

YES NO

If YES, please provide documents and information about the situation

[Example of Attachment file: MYCOMPANY -DDQ-Attach07-dispute and litigation](#)

Notes and additional information

9. CERTIFICATION

AUTHORIZED REPRESENTATIVE OF THE COMPANY

Full name:

Company name:

Position:

Electronic mail:

VISA:

- The information I have provided is true and has been completed in all sincerity
- I understand that any partner may seek to elaborate on the statements made in this document
- I understand that any partner will rely on this information to decide whether or not to enter into a formal business agreement with the Company
- I am not aware of any additional information or corruption-related risks to be taken into account in the assessment of a formal trade agreement
- I consent to any partner using and transferring this information in accordance with applicable law, in a confidential manner
- I consent to transfer the information provided in this form to any partner solely for the purpose of enabling any partner to conduct research on the legal and business context of the companies and the individuals identified in the form.
- I agree that any potential/effective partner may transfer the information provided in this form to a third party for the sole purpose of conducting such research on their behalf and in a manner that respects confidentiality.
- I cannot be held responsible for any changes made to this document after it has been distributed and/or printed.
- In case of doubt, any potential/effective partner undertakes to inform the signatory of this form, of any information or request for additional information and to wait for express written confirmation before taking any action.
- In the event of an event, the possible resolution of any dispute or misunderstanding must be settled amicably. If an amicable resolution fails, the dispute will be referred to the International Chamber of Commerce.

NAME, POSITION, DATE STAMP AND SIGNATURE

[COMPANY NAME]

[Address and legal information]

Represented by:

[Name and quality of the Representative]

- END OF THE DDQ FORM -

VISA: