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|  | **Kumtor Gold Company** **Due Diligence Questionnaire**  |  |

KGC has a zero tolerance policy against all forms of bribery and corruption. Please complete the following Questionnaire completely and truthfully. For the potential suppliers, completion of this form should not in any way be construed as establishment of a business relationship with KGC.

# Instructions

Please provide answers to all of the Questionnaire questions. If a question is not applicable, write “N/A”. Some answers may simply be in a positive or negative (“Yes or No”) form. If the space provided for a question is insufficient, you may attach additional pages. For any questions or issues completing the questionnaire, please contact the person who provided you with this Questionnaire.

You are completing this Questionnaire because KGC is considering entering into a business relationship with you or continuing the established business relation. The information that you provide and where necessary, obtained from third parties and from the public domain will be used to determine whether you or your organization meets KGC’s due diligence requirements. Should a business relation be established between you and KGC and should after completing this Questionnaire circumstances rise that would impact or change the answers previously provided by you or may require clarifications or amendments to the Questionnaire answers, please inform your KGC business contact. You/organization on behalf of which you are authorized to provide information may be referred to as Applicant in the Questionnaire.

Depending on the applicability to the type of activity of the Applicant, the following documents should be attached to this questionnaire:

i. constituent documents (charter) with all amendments and additions;

ii. a document confirming the registration of the company (an extract from the unified state register of legal entities, issued no more than one month before the date of submission, a certificate of state registration or re-registration);

iii. a document confirming the authority of the person to sign contracts (protocol, order, power of attorney or other supporting document);

iv. certificate of registration in tax authorities;

v. a certificate from the tax authorities on the absence of debt;

vi. passport, patent, social insurance policy (for individual entrepreneurs and where applicable for individuals);

vii. copies of permitting documents (licenses, permits) for activities.

1. Full legal name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of formation and/or reregistration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Registration number / Business license name and number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Other business or previous names that have been used to carry on the proposed business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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2. Number of employees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is the Applicant an individual □, partnership □, or incorporated entity, or other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the names and respective ownership/interest forms and volumes of the Board of Director members, controlling shareholders, owners and major shareholders of the Applicant (including those who possess controlling stock of shares), founders, other owners of the Applicant, Board of Directors members, executive body members (Management Committee members, Director, etc.), members of the supervision/oversight body, Supervisory Board, Audit Committee, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Who among the persons mentioned in item 7 above, have held a position in the Government including KR civil service? This includes close family members (husband, wife, brother, sister, children) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have any of the persons mentioned in items 7 and 8 above, been affiliated with KGC (KGC employees, consultants, contractors and customers) had any family ties with KGC officials and officers? If yes, please indicate names and type of connection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are there any legal constraints or potential conflicts of interest prohibiting or restricting the use of the Applicant as a supplier for KGC? If yes, please expand. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List of companies presently and in recent past five years with whom the Applicant had dealt with and description of goods/services provided by the Applicant.

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| --- | --- | --- | --- | --- |
|   | 1  | 2  | 3  | 4  |
| Client name  |   |   |   |   |
| Name of Contact Person at Client  |   |   |   |   |
| Phone number  |   |   |   |   |
| Web Site  |   |   |   |   |
| E-mail |   |   |   |   |
| Description of works/services/goods  |   |   |   |   |

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|  | 1. **Safety**
 | **Yes** | **No** |
| a | Does the Applicant has a special Health & Safety (HS) program, including HS training program for employees?  |  |  |
| b | Does the Applicant report Health & Safety statistics? |  |  |
| c | Does the Applicant conduct regular HS meetings and inspections as part of HS activities?  |  |  |
| e | Does the Applicant have trained and certified personnel for first aid and cardiopulmonary resuscitation? |  |  |
| f | Does the Applicant require medical examination for employees? |  |  |
| g | Does the Applicant have a policy of drugs and alcohol prohibition for its employees? |  |  |
| 1. **Code of Ethics and Business Conduct**
 |  |  |
| a | Applicant read, acknowledges and agrees to accept the principles contained in the Supplier Code of Conduct, KGC Ethical Policies, and International Business Policy presented at [www.kumtor.kg](http://www.kumtor.kg), which apply to KGC, its employees and contractors/suppliers, as well as declares to comply with the terms and conditions thereof. |  |  |
| b | Has the Applicant, or any of its employees, directors, officers, principal owners, or shareholders been accused of violating International or local anti-corruption laws, was the subject of any corruption probe or criminal investigation under jurisdiction with any offense, including bribery, conflicts of interest, corruption, kick-backs or money laundering? |  |  |
| c | Has the Applicant ever paid money or given anything of value to a Government Official in order to retain business or obtain an improper advantage in any jurisdiction? “Government Official” means (i) any officer or employee of, or any person representing or acting on behalf of any government, or any department, ministry, agency, authority or instrumentality (including municipalities, corporations or similar entities owned or controlled or operated for the benefit of such government); or (ii) any officer or employee of, or any person representing or acting on behalf of political party?  |  |  |
| d | Does the Applicant have procedures in place to allow reporting of any misconduct?  |  |  |
| e | Does the Applicant have a Code of Conduct?  |  |  |
| f | Is the Applicant familiar with the prohibitions set forth in the anti-corruption legislation?  |  |  |
| g | Does the Applicant have an anti-corruption policy? |  |  |
| h | Does the Applicant have procedures in place to monitor the effectiveness of its anti-corruption policy? |  |  |
| i | Does the Applicant provide training of anti-bribery laws to its employees?  |  |  |
| j | Is the Applicant is free of any debts, liabilities and including any state debts such as taxes and social fund contributions?  |  |  |
| k | Are you, directly or indirectly or any of your affiliates or any of their respective directors, officers, employees, agents or representatives currently subject to any sanctions imposed or administered by the governments (or any organs of the governments) of the Kyrgyz Republic, Canada, the United States, the European Union, the United Nations Security Council, or any other relevant sanctions authority? |  |  |
| l | Is the Applicant in the process of bankruptcy, liquidation?  |  |  |
| m | Does the Applicant have unfulfilled or expired liabilities left after the Applicant was retained to perform works, supply goods or provide services based on the results of the tenders announced with participation of state customers?  |  |  |

If you consider necessary to expand any of the Yes or No answers above, please provide it in the attached additional pages.

1. Name, address and phone numbers of KGC representative who is proposing your/your company engagement or retention of behalf of KGC to provide goods, services and works. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The person whose signature appears below is authorized to certify on behalf of the Applicant that the foregoing information set forth in this Due Diligence Questionnaire is accurate, correct, and complete. The Applicant agrees to notify KGC promptly of any material changes to the information provided herein and to the documents that you are attaching to the Questionnaire.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (stamp) Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_