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| A black and yellow logo  AI-generated content may be incorrect. | **Kumtor Gold Company Supplier Questionnaire for Due Diligence** | **Форма№1** |

CJSC “Kumtor Gold Company” (KGC) does not tolerate any form of bribery or corruption. Answers to the questions must be complete and truthful. For potential counterparties, completing this questionnaire should in no way be interpreted as establishing a business relationship with KGC.

**Instructions**

Answers must be provided for all questions in the questionnaire; if a question is not applicable, please indicate “Not applicable.” Answers to some questions may simply be in the affirmative or negative form (“Yes” or “No”). If you select “Other” in your response, please provide an explanation. If the space provided for your answer is insufficient, attach your response on an additional page. If you have any questions about completing the questionnaire, please contact the person who provided it to you.

Completing this questionnaire is required because KGC is considering the possibility of entering into business relations with you or continuing established business relations. The information you provide, and, where necessary, information obtained from third parties and other sources, will be used solely for the purpose of determining whether you or your organization meet KGC’s reliability requirements. If business relations are established between KGC and you, and after completing this questionnaire circumstances arise that affect or change the answers you previously provided, or require clarification or additions to the answers in this questionnaire, you must inform your business contact at KGC. In the questionnaire, you/the organization you are authorized to represent may be referred to as the Applicant.

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

1. Constituent documents (charter) with all amendments and additions;
2. Document confirming company registration (an extract from the Unified State Register of Legal Entities issued no more than one month prior to submission, certificate of state registration or re-registration);
3. Document confirming the authority of the person to sign contracts (minutes, order, power of attorney, or other supporting document);
4. Certificate of tax registration;
5. Certificate from tax authorities confirming absence of debt;
6. Passport, patent, social insurance policy (for individual entrepreneurs and, where applicable, for individuals);
7. Copies of permits (licenses, authorizations) for types of activity.

1. Full legal name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of establishment and/or re-registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Registration number / name and license number for conducting activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Other company names or previous names used for conducting the proposed business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Is the Applicant an Individual Entrepreneur □, Operating in partnership □, Legal entity □, Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. List the full names and corresponding forms and sizes of ownership/participation of members of the Board of Directors, controlling shareholders, owners and major shareholders of the Applicant company or the Applicant (including those holding a controlling stake), founders, other owners of the company, members of the board of directors, members of the executive body (board members, directors, etc.), members of the supervisory/control body (Supervisory Board, Audit Commission, etc.)

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1. Have you or any of the persons mentioned in item 7 above held a position in the Government, including in the civil service of the Kyrgyz Republic? This question also applies to your close family members and close family members of all persons mentioned in item 7 (husband, wife, brother, sister, children) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you or any of the persons listed in items 7 and 8 had business or employment relationships with KGC (employees of KGC, consultants, contractors, customers) or family ties with KGC officials or employees? If yes, please indicate full name and type of relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are there any legal restrictions or potential conflicts of interest that prohibit or limit engaging the Applicant as a supplier of goods, services, or works for KGC? If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List the companies with which the Applicant has cooperated currently and over the past five years, and describe the range of goods/services supplied by the Applicant.

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|  | 1 | 2 | 3 | 4 |
| Client Name |  |  |  |  |
| Client Contact Person |  |  |  |  |
| Contact Number |  |  |  |  |
| Website |  |  |  |  |
| Email Address |  |  |  |  |
| Description of works / services / goods |  |  |  |  |

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| 1. **Occupational Health and Safety** | | **Yes** | **No** |
| A | Does the Applicant have a specific occupational health and safety (OHS) program, including an employee training program on OHS issues? |  |  |
| B | Does the Applicant maintain records on occupational health and safety? |  |  |
| C | Does the Applicant conduct regular meetings and inspections as part of its OHS activities? |  |  |
| D | Does the Applicant have trained and certified personnel to provide first aid and cardiopulmonary resuscitation (CPR)? |  |  |
| E | Does the Applicant conduct medical examinations for its employees? |  |  |
| F | Does the Applicant have a drug and alcohol prohibition policy for employees? |  |  |
| 1. **Code of Ethics and Business Conduct** | | | |
| G | The Applicant has reviewed, acknowledges, and agrees to the principles contained in the Supplier Code of Conduct, KGC Code of Ethics, and International Business Conduct Policy presented on the website www.kumtor.kg, which apply to employees and contractors/suppliers of KGC, and declares compliance with these terms and conditions. |  |  |
| H | Has the Applicant or any of its employees, directors, officers, principal owners, or shareholders ever been charged with violating international or local anti-corruption laws, been the subject of any investigation of corruption offenses, or any criminal investigation under any jurisdiction for any offense, including bribery, conflict of interest, corruption, kickbacks, or money laundering? |  |  |
| I | Has the Applicant ever paid money or given anything of value to a government official to retain business or gain an improper advantage in any jurisdiction? “Government official” means (i) any officer or employee representing or acting on behalf of any government body, ministry, agency, authority (including municipalities, corporations, or similar organizations owned or controlled by, or acting in the interest of, the state); or (ii) any officer, employee, or person representing or acting on behalf of a political party. |  |  |
| J | Does the Applicant have established procedures for reporting any misconduct? |  |  |
| K | Does the Applicant have a Code of Ethical Conduct? |  |  |
| L | Is the Applicant familiar with prohibitions under anti-corruption laws? |  |  |
| M | Does the Applicant have an anti-corruption policy? |  |  |
| N | Does the Applicant have procedures to monitor the effectiveness of its anti-corruption policy? |  |  |
| O | Does the Applicant provide training to its employees regarding anti-bribery laws? |  |  |
| P | Is the Applicant free from any debts, arrears, and obligations, including government obligations such as taxes and social contributions? |  |  |
| Q | Is the Applicant, directly or indirectly, or any of its affiliates or any of their respective directors, officers, employees, agents, or representatives currently subject to any sanctions imposed by the government (or any authority) of the Kyrgyz Republic, Canada, USA, EU, United Nations Security Council, or any other relevant authorities? |  |  |
| R | Is the Applicant undergoing bankruptcy or liquidation proceedings? |  |  |
| S | Does the Applicant have any outstanding or overdue obligations resulting from being engaged to perform work, supply goods, or provide services under tenders announced with the participation of government customers? |  |  |

If you consider it necessary to expand on any of the above “Yes” or “No” answers, please provide details on additional pages.

1. Name, address, and telephone numbers of the KGC representative who, on behalf of KGC, is proposing you or your organization for engagement as a supplier of goods, services, or works.

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1. The person whose signature appears below is authorized to certify on behalf of the Applicant that the information provided in this due diligence questionnaire is accurate, correct, and complete. The Applicant agrees to promptly notify KGC of any changes to the information provided in this questionnaire and the documents attached thereto.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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