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

Kumtor Gold Company CJSC (KGC) has a zero-tolerance policy against all forms of bribery and corruption. Answers to questions should be complete and true. For the potential suppliers, completion of this form should not in any way be construed as establishing a business relationship with KGC.

**Instructions**

Please provide answers to all the Questionnaire questions. If a question is not applicable, write “N/A”. The answers to some questions may simply be in the affirmative or negative (“Yes” or “No”) form. If your answer is “Other”, please provide an explanation. If the space provided for an answer is insufficient, you may attach additional pages. If you have any questions about completing the Questionnaire, please contact the person who provided you with this Questionnaire.

You are completing this Questionnaire because KGC is considering entering a business relationship with you or continuing the established business relationship. The information provided by you and, where necessary, obtained from third parties and other sources, will be used only to determine whether you or your organization meets KGC due diligence requirements. Should a business relationship be established between you and KGC and should, after completing this Questionnaire, circumstances arise 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 the Applicant in the Questionnaire.

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

1. constituent documents (charter) with all amendments and additions.
2. document confirming the registration of the company (an extract from the unified state register of legal entities, issued not more than one month before the date of submission, certificate of state registration or re-registration).
3. document confirming the authority of a person to sign contracts (protocol, order, power of attorney or another supporting document).
4. certificate of registration in tax authorities.
5. certificate from the tax authorities on the absence of debt.
6. passport, patent, social insurance policy (for individual entrepreneurs and where applicable for individuals).
7. copies of permitting documents (licenses, permits) for activities.
8. Full legal name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Date of formation and/or reregistration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Registration number/business license name and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Other business or previous names that have been used to carry on the proposed business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Number of employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Is the Applicant an individual □, partnership □, or incorporated entity, or other □? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. List full 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. Have you or any of the persons mentioned in item 7 above held a position in the Government, including in the KR civil service? This applies and extends 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 mentioned in items 7 and 8 above, had business or employment relationship with KGC (KGC employees, consultants, contractors, and customers) or any family ties with KGC officials and officers? If yes, please specify full names and type of connection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. List the companies with which the Applicant is currently cooperating or has co-operated in the previous five years and describe goods/services provided by the Applicant.

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|  | 1 | 2 | 3 | 4 |
| Client name |  |  |  |  |
| Client contact person |  |  |  |  |
| Contact phone number |  |  |  |  |
| Web page |  |  |  |  |
| E-mail |  |  |  |  |
| Description of works/services/goods |  |  |  |  |

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| 1. **Safety** | | **Yes** | **No** |
| а | Does the Applicant have a specific occupational health and safety (OHS) program, including an OHS training program for employees? |  |  |
| b | Does the Applicant keep health and safety records? |  |  |
| c | Does the Applicant hold regular meetings and inspections as part of its OHS activities? |  |  |
| d | Does the Applicant have trained and certified first aid and cardiopulmonary resuscitation personnel? |  |  |
| e | Does the Applicant conduct medical examinations for its employees? |  |  |
| f | Does the Applicant have a policy prohibiting drugs and alcohol for employees? |  |  |
| 1. **Code of Ethics and Business Conduct** | | | |
| a | The Applicant has read, acknowledges, and agrees to the principles contained in the Supplier Code of Conduct, KGC Code of Ethics, International Business Conduct Policy, available at [www.kumtor.kg](http://www.kumtor.kg) and applicable to KGC employees and contractors/suppliers, and declares compliance with these terms and conditions. |  |  |
| 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, been the subject of any corruption probe or criminal investigation under jurisdiction with any offence, including bribery, conflicts of interest, corruption, kickbacks, or money laundering? |  |  |
| c | Has the Applicant ever paid money or given anything of value to a government official to retain business or gain an undue 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 entities owned or controlled by, or acting in the interests of the government); or (ii) any officer, employee, or person representing or acting on behalf of a political party? |  |  |
| d | Does the Applicant have procedures in place to report any misconduct? |  |  |
| e | Does the Applicant have a Code of Ethics? |  |  |
| 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 on anti-bribery laws to its employees? |  |  |
| j | Is the Applicant free from any debts, indebtedness, and liabilities, including any state debts such as taxes and social fund contributions? |  |  |
| k | Are you (the Applicant) 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 by the government (or any authority) of the Kyrgyz Republic, Canada, the United States, the European Union, the United Nations Security Council, or any other relevant authority? |  |  |
| l | Is the Applicant in the process of bankruptcy, liquidation? |  |  |
| m | Does the Applicant have outstanding or overdue obligations as a result of engaging the Applicant to perform works, supply goods or provide services based on the results of tenders announced with the 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. Full name, address, and phone numbers of KGC representative who, on behalf of KGC, proposes to engage you or your organization 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 set out in this Due Diligence Questionnaire is true, correct, and complete. The Applicant agrees to notify KGC immediately of any changes to the information provided herein and the documents you attach to the Questionnaire.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ful name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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