

Appendix 7

Purchase of Services from Government Officials, Family Members, or Close Business Associates

I. Proposed Transaction Information

1. Identify whether the proposed purchase of services is from a:

☐ Government Official ☐ Family Member ☐ Close Business Associate

2. If the proposed purchase of services is from a Government Official, please provide the following information:

Name of Government Official: _____
Address: _____
Phone No.: _____
E-Mail: _____

3. If the proposed purchase of services is from a Family Member or Close Business Associate of a Government Official, please provide the following information:

Name of Family Member or
Close Business Associate: _____
Address: _____
Phone No.: _____
E-Mail: _____
Name of and position held by
related Government Official
or associated Government
Official (if applicable): _____
(position)

4. Explain the purpose for executing the proposed transaction with the Government Official / Family Member / Close Business Associate:

5. Explain if any additional benefit or discount has been provided to the Government Official / Family Member / Close Business Associate:

6. Please attach a copy of the draft contract with the Government Official / Family Member / Close Business Associate. If no draft contract currently exists, explain the details of the proposed transaction:

II. Responsible Business Unit Certification

By submitting this form and any attached documents, I certify that the information provided is true and complete.

I further certify that I am familiar with, and the proposed transaction complies with, the Company's Global Anti-Corruption Policy, the United States Foreign Corrupt Practices Act ("FCPA"), and any other applicable anti-corruption laws. I have no knowledge or information that suggests that the transaction will be used for a corrupt purpose.

Signature: _____

Name: _____
(printed)

Title: _____

Business Unit: _____

Date: _____
(mm-dd-yyyy)

III. Anti-Corruption Compliance Decision

Transaction is: ☐ Approved ☐ Denied

Signature: _____

Name: _____
(printed)

Title: _____
(must be Director or above)

Date: _____
(mm-dd-yyyy)