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| **Appendix C**  **Donation Confirmation** |
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| **Section 1: Donation Recipient and Donation Information** *(to be completed by Relevant Donation Authority or Responsible Business Unit)* |
| 1. Legal Name of Organization: Click or tap here to enter text.   Business Address: Click or tap here to enter text.  Postal Code: Click or tap here to enter text.  (if applicable)  Country: Click or tap here to enter text.  Entity Telephone Number: Click or tap here to enter text. |
| 1. Date Donation was received or completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Please describe the Donation (for example, the type and quantity of any goods received, or the services received):   Click or tap here to enter text. |
| **Section 2: Donation Certification – Representative of Recipient** *(to be completed by Donation recipient)* |
| I certify that the Donation (described in Section 1) provided by the Company is not for the benefit of or use by any Government Official in his/her individual capacity, or any Family Member or Close Business Associate of a Government Official, and that it was or will be used only as described above in this form. I certify also that the Donation was made in compliance with all applicable anti-corruption laws and regulations.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 3: Donation Certification – Company Employee** *(to be completed by Relevant Donation Authority or Responsible Business Unit)* |
| To the best of my knowledge, I confirm and certify that the Donation was provided in compliance with the International Giving Procedures and the Company’s Global Anti-Corruption Policy.  Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |