

### PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE:

- Complete this questionnaire in its entirety. If a particular field or question is not related to your business activity, please write **N/A** (Not Applicable).
- Enclose all the documents marked "**Required**" with your submission. This applies to your company's Code of Conduct, business registration, policies and procedures related to compliance and anti-corruption, as well as any other supporting documentation for those answers you mark **YES**.
- For any section that you may need additional space to respond, please attach a separate sheet and reference the section number from the questionnaire that corresponds to your response.
- Sign the form and return it to your Advita Ortho Compliance Department contact.
- Your timely response is appreciated.
- **PLEASE NOTE THAT NO AGREEMENT CAN BE FINALIZED AND FORWARDED FOR YOUR SIGNATURE UNTIL WE RECEIVE THIS COMPLETED QUESTIONNAIRE, THE APPLICABLE SUPPORTING MATERIALS, AND HAVE HAD ADEQUATE TIME TO REVIEW AND VERIFY THE STATEMENTS CONTAINED IN YOUR RESPONSE.**

#### 1. KEY DEFINITIONS:

- 1.1. HEALTHCARE PROFESSIONAL (HCP):** means any individual (with a clinical or non-clinical role; whether a government official, or employee or representative of a government agency, or other public or private sector organization; including but not limited to, physicians, nurses, technicians, laboratory scientists, researchers, research coordinators, or procurement professionals) that in the course of their professional activities may directly or indirectly purchase, lease, recommend, administer, use, supply, procure, or determine the purchase or lease of, or who may prescribe medical technologies or related services.
- 1.2. PUBLIC OFFICIAL:** Any officer or employee of any government or government-controlled entity anywhere in the world. Public officials also include political parties and party officials, candidates for political office, and employees of public international organizations such as the United Nations. Public Officials also include all levels of employees and officials of any commercial enterprise owned, partially owned, controlled, or operated by a government. Additionally, public officials include any person acting in an official capacity for or on behalf of any government or department, or at any level of federal, state, provincial, county, or municipal government and similar officials of any government in the world. Health care professionals, including physicians, are public officials for purposes of this form. Further, any close relative of a public official is also a public official for the purposes of this questionnaire.
- 1.3. CLOSE RELATIVE:** Close Relatives include a Public Official's spouse; the Public Official's and the spouse's grandparents, parents, siblings, children, nieces, nephews, aunts, uncles and first cousins; the spouse of any of these people; and any other persons who share the same household with the Public Official.



## DUE DILIGENCE QUESTIONNAIRE

### 2. BASIC INFORMATION OF THE APPLICANT ENTITY

2.1. Legal Name of Entity (English):	
2.2. Legal Name of Entity (other than English, if operating outside the US):	
2.3. Primary business address:	
2.4. Company Telephone:	2.5. Years in Business:
2.6. Company Website:	2.7. Country or countries where the company does business:
2.8. If the Company operates in multiple locations, provide the addresses of each:	
2.9. Entity DBA Name :	

### 3. CONTACT INFORMATION (OF THE PERSON COMPLETING THIS FORM)

3.1. Name and Title:		
3.2. Office Telephone Number	3.3. Mobile Number	3.4. Email Address

### 4. COMPANY INFORMATION: ORGANIZATIONAL STRUCTURE, FINANCIAL INFORMATION AND RELATED ENTITIES

4.1. Country of Incorporation or Formation	4.2. Date of Incorporation:
4.3. Legal Structure: <i>(Corporation, limited liability, partnership, joint venture, sole proprietorship )</i>	4.4. Certification or Tax Identification Number: <i>(Example: Any identification number that the company uses to conduct official business)</i>
4.5. Business Registration Number: _____	
4.6. Registration Location (specify whether the state, county, province, municipality, or country)_____	
4.7. Enclose copies of the valid business registration and incorporation documents. If the Company is owned, in whole or in part, by another company (See Section 4.9.), submit the requested documentation for that company or companies as well. <i>(Required)</i>	
4.8. Enclose a copy of any business license required to operate within the Company's jurisdiction <i>(Required)</i>	

**4.9. Related entities.** Please list the names, addresses, and contact information of the Company's related or affiliated entities (if applicable):

a) Company's parent company:	
b) If another company owns the Company in whole or in part, submit business registration and incorporation documents for this company as well. <i>(Required)</i>	
c) Subsidiary or affiliate companies that may or may not work on behalf of Advita:	
d) Any other companies or entities in which the applying entity has a controlling ownership interest:	
e) Does the Company represent or carry products for any other company in the medical device, biologics, pharmaceutical, or biotech industries? If the answer is <b>YES</b> , list the companies. <i>(Required)</i>	

**4.10. Company Banking Information.** Provide the following information for the bank or banks with which the Company conducts its business:

Bank Name:	
Bank Address:	
Account Name:	
Account Number:	

a) Does the Company have any foreign bank accounts or payees? **Yes** **No**  
 If **Yes**, please specify where and to whom *(Required)*:

**4.11. Company Managing Personnel:**

a) Does the Company have a board of directors? **Yes** **No**  
 If **Yes**, please complete the following:

Name	Job Title/Role	Nationality	Country of Residence

b) Provide the following details regarding the individuals in the Company's management that fulfill the following roles or similar roles:

Name	Job Title/Role	Nationality	Country of Residence
	President/ Chief Executive Officer		
	Legal Representative/General Counsel		
	Chief Financial Officer/Treasurer/Accounting		
	Sales & Marketing		
	Finance		
	Imports / Exports (Customs)		
	Regulatory Affairs (e.g., Product Registrations, obtaining and maintaining Regulatory Approval)		
	Compliance		

**4.12. Number of Employees (this includes those employed by company, independent contractors or consultants): \_\_\_\_\_**

a) Enclose a list with the **full names**, job title and employee type: employee, independent contractor or consultant. *(Required)*

**4.13. Company Ownership:**

a) Complete the section below regarding all the owner(s), including individuals and companies, and indicate the % of ownership of each:

Owner's Full Legal Name	Ownership %	Nationality	Country of Residence	Applicable Identification Number (for tax purposes)

b) Enclose the corporate filing that verifies the ownership structure of the Company. If another company owns the Company in whole or in part, please submit documentation for those companies as well. *(Required)*

c) If the entity owners (or principals) listed in 4.13 have an ownership stake in any entity outside the applicant entity in this questionnaire, complete this section: *(Required)*

Full Legal Name (Owner of Principal)	Entity Owned	Entity Address	Ownership %

**4.14. Third Parties - Subsidiaries, Distributors, Affiliates and Business Partners**

Please provide information related to any of the Company's subsidiaries, distributors, affiliates or business partners who will be performing duties on behalf of Advita Ortho in the following areas: Promotion of Advita Ortho Products; Selling or Distributing Advita Ortho Products; Obtaining or Maintaining Regulatory Approval; Registration Holder for Advita Ortho Products. This includes distributors the Company will engage to sell Advita Ortho products (attach a separate sheet if necessary).

Full Legal Name (Individual/Company)	Role/Function	Nationality

<b>4.15.</b> Does your company have written contracts with distributors and other third parties?	<b>Yes</b>	<b>No</b>
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<b>4.16.</b> Does your company require anti-bribery-related terms (e.g., promises not to engage in bribery, termination rights for noncompliance, audit rights) in contracts with other parties or persons?	<b>Yes</b>	<b>No</b>
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**4.17.** What company will be responsible for sending purchase orders for Advita Ortho? Please identify all entities in the space below:

Company Name	Location (City, State and Country)

**5. RELATIONSHIPS WITH PUBLIC OFFICIALS**

**5.1**  
For any Individuals you listed in Sections 4.11. through 4.14. above

Indicate if any of the following **categories** apply to any of the **individuals** you identified in Sections 4.11. (Company Personnel), Section 4.13. (Company Ownership) or Section 4.14. (Third Parties).

**5.2**  
*For any Entities/Companies you listed in Sections 4.13. through 4.14. above*

Indicate if any of the following **categories** apply to any of the board of directors, officers, employees or owners of any **company** you identified in Sections 4.13. (Company Ownership) or Section 4.14. (Third Parties).

**Categories:**

<b>5.3.</b> A former or current Public Official (defined in Section 1.1. of this Questionnaire)	<b>Yes</b>	<b>No</b>
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<b>5.4</b> A Close Relative of Public Official (defined in Section 1.2. of this Questionnaire)	<b>Yes</b>	<b>No</b>
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<b>5.5</b> A political candidate	<b>Yes</b>	<b>No</b>
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**5.6** A person having authority within a government entity to make or influence decisions or recommendations regarding:

a) reimbursement of Advita Ortho products	<b>Yes</b>	<b>No</b>
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b) bulk purchase of Advita Ortho products for companies, institutions, organizations, etc.	<b>Yes</b>	<b>No</b>
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c) prescribing or dispensing of Advita Ortho products	<b>Yes</b>	<b>No</b>
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d) approval of registrations, permits or other authorizations related to Advita Ortho products	<b>Yes</b>	<b>No</b>
e) any other registrations, permits or authorizations related to Advita Ortho business interests	<b>Yes</b>	<b>No</b>
<b>5.7</b> If the answer is <b>YES</b> to any of the above (5.3 through 5.6), provide the following details on the <b>individual persons</b> identified:		
Full legal name:		
Title/Role:		
Relationship with your Company:		
The nature of the service that this person provides Advita Ortho. If no services provided to Advita, please explain the circumstances:		
The government or public organization involved, and the nature of the person's relationship with that organization:		
<b>5.8</b> If the answer is <b>YES</b> to any of the above (in 5.3 through 5.6), provide the following details on <b>entities/companies</b> identified.		
Company Legal Name:		
Entity DBA Name:		
Relationship with your company:		
The type of service this entity provides Advita Ortho (if no service provided to Advita, please state the circumstance):		
The government or public organization involved and the nature of the entity's relationship with that organization:		
<b>5.9 Does your company conduct business with:</b>		
f) Current or former government officials?	<b>Yes</b>	<b>No</b>
g) Government departments or agencies?	<b>Yes</b>	<b>No</b>
h) What percentage of your business/sales is public and what percentage is private?	<b>Public</b>	<b>Private</b>

**6. COMPANY LEGAL BACKGROUND**

**For any of the individuals or companies you identified in Sections 4.9. (Related Entities), 4.11. (Company Personnel), Section 4.13. (Company Ownership) or Section 4.14. (Third Parties) answer:**

<b>6.1</b> Has this person or company ever had a judgment (civil or criminal) or penalty involving fraud, theft or embezzlement entered against them or it?	<b>Yes</b>	<b>No</b>
<b>6.2</b> Has this person or company been involved in an investigation by a government agency related to allegations involving corruption, bribery, or fraud?	<b>Yes</b>	<b>No</b>
<b>6.3</b> Has this person or company received a request for information, such as a subpoena, by a government agency related to allegations involving corruption, bribery, or fraud?	<b>Yes</b>	<b>No</b>
<b>6.4</b> Is this person or company currently under investigation by a government or public entity in any country for, or conducting an internal investigation of, allegations involving corruption, bribery, or fraud?	<b>Yes</b>	<b>No</b>
<b>6.5</b> Has this person or company ever been suspended or disbarred by any professional licensing agency or government credentialing program? (Examples: Medical or Bar Association, Certified Public Accountant credentialing association, clinical research accreditation, import/export license bureau)?	<b>Yes</b>	<b>No</b>
<b>6.6</b> Has this person or company ever been accused or found guilty of money laundering?	<b>Yes</b>	<b>No</b>
<b>6.7</b> Has the Company, its Owner(s), or its Principal(s) ever been the subject of an investigation, review or inquiry by a manufacturer or governing authority related to a Transfer of Value to an HCP or Government Official?	<b>Yes</b>	<b>No</b>

If the answer to any of the above questions is **Yes**, provide a brief written explanation. Include the full names of all relevant parties, the dates, a description of the crime/investigation, and the outcome.

**7. ETHICS AND COMPLIANCE PROGRAM**

**7.1** Does the Company maintain a Code of Ethics or similar document outlining ethical business practices expected of its employees?      **Yes**      **No**  
 (If Yes, please attach the relevant document. If there is no Code of Conduct available, explain why)

**7.2** Is the Company a member (or adheres to) an industry code (e.g., Eucomed, AdvaMed)      **Yes**      **No**

If **Yes**, please attach information related to that industry code and information related to the Company's membership or adherence to that code.

If **No**, provide information as to how the Company values and norms are communicated to employees:

<p><b>7.3</b> Does the Company provide documented training to employees regarding anti-corruption and/or ethical business practices?      <b>Yes</b>      <b>No</b></p> <p>If <b>Yes</b>, please provide records (e.g., sign-in sheets) of most recent training. If <b>No</b>, please explain how the Company ensures employees understand the applicable rules and regulations:</p>
<p><b>7.4</b> Is ethics and compliance training provided to everyone in your Company upon hire and annually thereafter?</p> <p style="text-align: center;"><b>Yes</b>      <b>No</b></p> <p>If <b>No</b>, indicate what is the frequency of this training:</p> <p>Please check this box if you would like Advita Ortho to provide compliance training content:</p>
<p><b>7.5</b> Does the Company have in place written policies and/or procedures to govern the activities that will be performed on behalf of Avita Ortho?      <b>Yes</b>      <b>No</b></p> <p>If <b>Yes</b>, provide copies of the policies and/or procedures. If <b>No</b>, explain how the Company intends to ensure compliance to regulatory requirements in relation to activities performed on behalf of Advita Ortho:</p>

**8. REFERENCES**

<p><b>Please list two business references with whom the Company has done business for two or more years: (Required)</b></p> <p>(By completing this form, you grant Advita Ortho permission to contact these references to verify your Company's reputation and standing in the business community)</p>	
Reference #1	Reference #2
Full Name:	Full Name:
Title/Position:	Title/Position:
Telephone Number:	Telephone Number:
Company name:	Company name:
Email Address:	Email Address:

**Proceed to the Certification on the next page**





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**9. CERTIFICATION**

MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY			
<b>Full Name</b>			
<b>Title</b>			
<b>Company Name</b>			
I hereby certify that:			
I am a duly authorized representative of the Company named below;	<b>Yes</b>	<b>No</b>	<b>Initials</b>
The information I have provided is true and complete to the best of my knowledge;	<b>Yes</b>	<b>No</b>	<b>Initials</b>
Advita Ortho may seek to independently confirm the statements made in this document;	<b>Yes</b>	<b>No</b>	<b>Initials</b>
I understand that Advita Ortho will rely on this information in deciding whether to engage in (or renew) its business agreement with the Company;	<b>Yes</b>	<b>No</b>	<b>Initials</b>
I am not aware of any additional information or risks related to corruption or bribery to be considered in evaluating this formal business agreement relationship with Advita Ortho;	<b>Yes</b>	<b>No</b>	<b>Initials</b>
I consent to Advita Ortho storing and transferring this information in accordance with applicable law; and	<b>Yes</b>	<b>No</b>	<b>Initials</b>
I consent to transferring the information provided in this form to Advita Ortho LLC, a company based in the United States, solely for the purpose of allowing Advita Ortho to conduct research into the legal, and business background of the companies and persons identified in the form. I consent to Advita Ortho transferring the information provided in this form to a third party for the sole purpose of conducting such research on Advita Ortho's behalf.	<b>Yes</b>	<b>No</b>	<b>Initials</b>

DATE	SIGNATURE