

Vendors & other Business Associate

IBT Group LLC and affiliates ("IBT") requests that all Vendor and Business Associates ("Associates") provide with certain information, in order to assist IBT in its effort to comply with all applicable laws.

I. Background Information

1.	Vendor/Business Partner Name		
2.	Address		
3.	Zip Code		
4.	Phone Number		
5.	Fax Number		
6.	E-mail Address of Primary Contacts		
	First e-mail address		
	Second e-mail address		
	Third e-mail address		
7.	Website URL of organization		
8.	Type of business entity	Select Category	
9.	Dunn & Bradstreet Number		
10.	Date of initial establishment (DD/MM/YY)		

11. Have you conducted business under any other name?

YES **NO**

If yes, list all other names under which you have conducted business including the time period for each.

Name of establishment	From Date	To Date

12. Ownership of the associate

Major Stockholders

First Name	Last Name	Ownership (%)	Nationality	Birth

II. Associates Operations

13. Provide the name(s), title(s) of those individuals who will be responsible for working with IBT Group LLC.

First Name	Last Name	Title/Position	Email Address

Have you or any of your associates been a party to the practice of forced labour, child labour, slavery or human trafficking either now or in the past?

YES **NO**

If yes, please explain:

IBT Group does not participate in, nor will it tolerate the use of forced labour in any of its forms, including but not limited to child labour, slavery or human trafficking, nor will it tolerate the participation of its vendors and other business associates.

I have read the above and agree.

YES **NO**

I have read the IBT Code of Conduct for Vendors and Business Associates located at www.ibtgroup.com and agree to abide by the same.

YES **NO**

III. Authorization to Release Information

Please read the following "Authorization to release information" and check in the box to signify your consent.

We are applying to enter into a commercial relationship with IBT. We understand that IBT may wish to verify the information we provide them with and to collect information from third parties in order to assess our Company. We therefore consent to and authorize the conduct of a background check by IBT and its representatives which may include (i) the verification of the information provided by us, (ii) relevant business information about us, our parent and subsidiary entities, general/limited partners, owners and business partners. (iii) general and business reputation, presence on official anti-money laundering or other official watch lists, of ourselves, our parent and subsidiary entities, general/limited partners, owners, directors, officers and key employees. We confirm that our parent and subsidiary entities, general and/or limited partners, owners, business partners, directors, officers and key employees have been informed and consent (if required) to such investigations.

We understand that in the course of such a background check, it may be necessary to supplement or verify the accuracy and completeness of the information contained in this questionnaire. We hereby authorize and direct such IBT or authorized agents and any person or entity, public, governmental or private, that such IBT or authorized agents may responsibly contact to release any and all relevant information to enable the conduct of the investigations identified above. We agree to indemnify any individual or entity that release information based upon this Authorization from any and all consequences for such release.

I have read the above and give my consent.

YES **NO**

I have read enclosed IBT code of conduct and understood the above data privacy statement. I expressly consent to the data processing described in this form above and agree to comply with this statement.

I have read and understood the enclosed IBT Group Code of Conduct for Vendors and Other Business Associates and agree to abide by its terms and conditions.

I hereby certify that the information provided in this questionnaire is accurate and complete in all respects as of the date hereof. I understand that any inaccuracies or false statements contained herein shall constitute grounds for immediate termination by IBT or any relationship which may in the future exist between it and the applicant.

I hereby certify that I will keep IBT informed of any material change in the information provided in this questionnaire, including our corporate structure, during the period of two years from the date of the signature hereof and at any time thereafter if we have at such time an existing commercial relationship.

Associate filling this form is duly authorized by applicant.

Associate's Name

First and Last Name

Title

Date (DD/MM/YY)

Signature