



Counterparty Due Diligence Questionnaire

TO BE COMPLETED IN FULL BY ALL FOSKOR (PTY) LIMITED COUNTERPARTIES. WHERE IT IS NOT APPLICABLE, PLEASE STATE AS SUCH.

A. Supporting Documents Required

Please ensure that the following documents are attached:

- Company Registration document for the primary entity, shareholding entities, and all subcontractors;
- Beneficial Ownership Certificate/ Share certificate/Share register/ Shareholding structure for the primary entity, shareholding entities, and all subcontractors; and
- Certified** identification for the director/s of the primary entity, shareholding entities, and all subcontractors.

B. Organization Detail

- Organisation Full legal name:
- Organisation Registration/Incorporation Number:
- Organisation Operational address:
.....
- Organisation Registered address:
.....
- Organisation Phone number:
- Organisation Website Address:
- Type of business (i.e., sole proprietor, partnership, close corporation, etc.):
- If Applicable, list all other names under which you have conducted business below :

No.	Previous Name of Organisation	Previous Registration / Incorporation Number	Previous Registration Date
1			
2			
3			
4			

- Is your organization publicly listed? If Yes, indicate which listing?

C. Directors/Partners/Shareholders/Governing Board and Principal Officer Details

- List all the Directors of your organization below:

No.	Full Name/s	Identity/Organization Number	Country of Residence	Nationality	Ownership %
1.					
2.					

3.					
4.					
5.					
6.					
7.					

2. List all the shareholders of your organization. For publicly traded companies, list shareholders holding more than 5%.

No.	Full Name/s	Identity/Organization Number	Country of Residence	Nationality	Ownership %
1.					
2.					
3.					
4.					
5.					
6.					
7.					

3. List all the trustees of the trust below where applicable:

No.	Full Name/s	Identity/Organization Number	Country of Residence	Nationality	Ownership %
1.					
2.					
3.					
4.					
5.					
6.					
7.					

--	--	--	--	--	--

4. List all the partners of the partnership below where applicable:

No.	Full Name/s	Identity/Organization Number	Country of Residence	Nationality	Ownership %
1.					
2.					
3.					
4.					
5.					
6.					
7.					

5. Who are the members of your organization's governing board?

No.	Full Name/s	Identity/Organization Number	Country of Residence	Nationality	Ownership %
1.					
2.					
3.					
4.					
5.					
6.					
7.					

6. Who are the principal officers of your organization?

No.	Full Name/s	Identity/Organization Number	Country of Residence	Nationality	Ownership %
1.					
2.					
3.					

4.					
5.					
6.					
7.					

D. Relationship to Government Organizations or Public Officials

“Public Official” includes:

- *person holding legislative, administrative, military, or judicial office for any country;*
- *person exercising a public function for any country, government, or governmental agency;*
- *employee of a government-owned or controlled enterprise;*
- *official or agent of a public international organization; or*
- *political party or official of a political party.*

As such, Public Officials include honorary government officials; members of boards, officers, directors, and employees of governmental, quasi-governmental or government-owned companies; some members of royal or ruling families; and officials of such public international organizations as the World Bank, International Monetary Fund, and the World Trade Organization.”

1. To the best of your knowledge, is any key employee or senior management member of your organization a Public Official?
(Yes/No)

If yes, please provide a list of all government offices and positions held. Indicate whether these are appointed or elected positions, and for how long the person concerned held such positions.

Comments:

.....
.....
.....

2. To the best of your knowledge, is any key employee or senior management member of your organization related (by blood, marriage, current or past business association or otherwise) to a Public Official?
(Yes/No)

If yes, please describe the relationship between such person(s) and the Public Official(s).

Comments:

.....
.....
.....

3. To the best of your knowledge, is any shareholder or partner in your organization, or any subsidiaries of the shareholder(s) or partner(s), owned in any part by a Public Official or a person related to a Public Official?
(Yes/No)

If yes, please list the Public Official(s) and their total percentage ownership interest.

Comments:

.....
.....
.....

4. To the best of your knowledge, does any key employee or senior management member of your organization provide financial or any other benefits to a Public Official or a member of a Public Official's family (e.g., educational, or medical assistance, housing)?
(Yes/No)

If yes, provide a list of all of the benefits given, the name of all recipients of such benefits and their relationship to the Public Official (e.g., cousin, sister, etc.).

Comments:

.....
.....
.....

5. To the best of your knowledge, does any Public Official or a member of a Public Official's family have any interest, or stand to benefit in any way, as a result of the proposed agreement?
(Yes/No)

If yes, provide details below

Comments:

.....
.....
.....

E. Subcontractors

1. Will the supplier use any subcontractors in fulfilling their obligations under the contract?
(Yes/No)

If yes, please provide the below information.

1.1 Subcontractor Details:

- 1.1.1 Sub Contractor Full legal name:
1.1.2 Sub Contractor Registration/Incorporation Number:

- 1.1.3 Sub Contractor Operational Address:
- 1.1.4 Sub Contractor Registered Address:
- 1.1.5 Sub Contractor Phone number:
- 1.1.6 Sub Contractor Website Address:

1.2 What is the nature of the services that the subcontractor will be providing?

.....

.....

1.3 What is the estimated amount or percentage of the total contract value that will be allocated to the subcontractor?

.....

.....

1.4 Details of key personnel in the subcontracting entity

No.	Full Name/s	Identity/Organization Number	Country of Residence	Nationality	Ownership %
1.					
2.					
3.					
4.					
5.					
6.					
7.					

F. Conflict of interest

Please disclose below any conflicts of interest, including any business, personal, financial, or family relationships that may exist between you and any of our company's officers, employees, or representatives.

1. Do you or any of your associates have any business relationships with our company's officers, employees, or representatives?
(Yes/No)

If yes, please provide details below.

-
.....
2. Have you or any of your associates made any political or charitable contributions to our company's officers, employees or representatives or their family members in the past three years?
(Yes/No)

If yes, please provide details below.

-
.....
3. Have you or any of your associates employed any of our company's officers, employees or representatives or their family members in the past three years?
(Yes/No).....

If yes, please provide details below.

-
.....
4. Have you or any of your associates received any gifts, hospitality or other benefits from our company's officers, employees, or representatives in the past three years?
(Yes/No)

If yes, please provide details below.

-
.....
5. Are you or any of your associates aware of any other potential conflicts of interest that may exist between you and our company's officers, employees, or representatives?
(Yes/No)

If yes, please provide details below.

G. Accuracy of Information Provided:

.....

*By signing below, I (**the Director of the company**) confirm that I have performed such procedures and inquiries as necessary to ensure that the answers provided in this document are accurate and complete to the best of my knowledge.*

(A company representative may sign the document only if a resolution is provided by the company to confirm that the signatory is duly authorised to sign on behalf of company.)

Foskor (Pty) Limited reserves the right, to discontinue doing business with you, should you furnish information herein which is false. For the sake of clarity, it is your obligation to ensure that the information disclosed herein is accurate and correct, and any failure on your part herein may result in your automatic suspension as a service provider.

Prepared by:		
	Full name & Surname	Designation
		
	Signature	Date

Direct number:

Mobile number:

E-mail address: