



DUE DILIGENCE QUESTIONNAIRE FOR UNITED STATES APPLICANTS

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.



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2. BASIC INFORMATION OF THE APPLICANT

2.1. Legal Name of the applicant:	
2.2. Legal Name of Entity:	
2.3. Primary business address:	
2.4. Company Telephone:	2.5. Years in Business:
2.6. Company Website:	2.7. Country(ies), state(s) 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. State of Incorporation:	4.2. Date of Incorporation:
4.3. Legal Structure:	4.4. TIN or EIN:
4.5. Business Registration Number: _____	
4.6. Registration Location (specify whether state, county or municipality) : _____	
4.7. Enclose copies of the incorporation documents (if applicable). 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. (Required)	
4.8. Enclose a copy of any business license required to operate within the Company's jurisdiction (Required)	



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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 YES , 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 <input type="checkbox"/> No <input type="checkbox"/>	
If Yes , please specify where and to whom <i>(Required)</i> :	



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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		
	Compliance		

4.12. Number of Employees (this includes W2 and 1099):

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	TIN

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 %



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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

4.15. Does your company have written contracts with distributors and other third parties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.16. 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. RELATIONSHIPS WITH PUBLIC OFFICIALS

<p>5.1 For any <u>Individuals</u> you listed in Sections 4.11. through 4.14. above</p> <p>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).</p>	<p>5.2 For any <u>Entities/Companies</u> you listed in Sections 4.13. through 4.14. above</p> <p>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).</p>
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Categories:

5.3. A former or current Public Official (defined in Section 1.1. of this Questionnaire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.4 A Close Relative of Public Official (defined in Section 1.2. of this Questionnaire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.5 A political candidate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.6 A person having authority within a government entity to make or influence decisions or recommendations regarding:		
a) reimbursement of Advita Ortho products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) bulk purchase of Advita Ortho products for companies, institutions, organizations, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) prescribing or dispensing of Advita Ortho products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) approval of registrations, permits or other authorizations related to Advita Ortho products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) any other registrations, permits or authorizations related to Advita Ortho business interests	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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5.7 If the answer is YES to any of the above (5.3 through 5.6), provide the following details on the individual persons 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:		
5.8 If the answer is YES to any of the above (in 5.3 through 5.6), provide the following details on entities/companies 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:		
5.9 Does your company conduct business with:		
f) Current or former government officials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Government departments or agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) What percentage of your business/sales is public and what percentage is private?	Public	Private



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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:

6.1 Has this person or company ever had a judgment (civil or criminal) or penalty involving fraud, theft or embezzlement entered against them or it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2 Has this person or company been involved in an investigation by a government agency related to allegations involving corruption, bribery, or fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.3 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.4 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.5 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.6 Has this person or company ever been accused or found guilty of money laundering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.7 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 how the Company values and norms are communicated to employees:

7.2 Does the Company have in place written policies and/or procedures to govern the activities that will be performed on behalf of Avita Ortho? **Yes** **No**

If **Yes**, provide copies of the policies and/or procedures. If **No**, explain how the Company intends to ensure compliance to regulatory requirements in relation to activities performed on behalf of Advita Ortho:



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8. REFERENCES

**Please list two business references with whom the Company has done business for two or more years:
(Required)**

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.

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			
Full Name			
Title			
Company Name			
I hereby certify that:			
I am a duly authorized representative of the Company named below;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials
The information I have provided is true and complete to the best of my knowledge;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials
Advita Ortho may seek to independently confirm the statements made in this document;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials
I understand that Advita Ortho will rely on this information in deciding whether to engage in (or renew) its business agreement with the Company;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials
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;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials
I consent to Advita Ortho storing and transferring this information in accordance with applicable law; and	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials
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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials

DATE	SIGNATURE