

## Appendix 1

# Request for Due Diligence on Candidate

### I. Candidate Background Information and Services

1. Candidate's Legal Name: \_\_\_\_\_
- Candidate's Trade Name: \_\_\_\_\_  
(if different from Legal Name)
- Business Address: \_\_\_\_\_
- Postal Code: \_\_\_\_\_  
(if applicable)
- Country/Region: \_\_\_\_\_

2. Is Candidate currently providing non-TPI services to the Company? ☐ YES ☐ NO  
If **YES**, list all associated vendor numbers below:

3. Has Candidate provided services to the Company in the past? ☐ YES ☐ NO  
If **YES**, briefly describe those services and explain when they were provided:

4. Did a Government Official suggest or request that the Company hire Candidate? ☐ YES ☐ NO  
If **YES**, provide the name, job title, and affiliated Government Entity of the Government Official who is requesting that the Company hire/engage Candidate, and explain the details of the request:

5. Type(s) of Services to be Provided by Candidate (check **all** that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Agribusiness Support Services                                    | <input type="checkbox"/> Consultants (Other)  |
| <input type="checkbox"/> General/Supervising Construction Contractors                     | <input type="checkbox"/> Engineering & Architectural Services   |
| <input type="checkbox"/> Maintenance Contractors  | <input type="checkbox"/> Testing and Inspections  |
| <input type="checkbox"/> Waste Management Services  | <input type="checkbox"/> Advertising, Marketing, and Promotional Services                                     |
| <input type="checkbox"/> Environmental Consultants and Services                           | <input type="checkbox"/> Utility Connection Services  |
| <input type="checkbox"/> Transportation Services  | <input type="checkbox"/> Water, Sewer, Gas, and Electrical Utilities and Metering/Utility Management Services |
| <input type="checkbox"/> Warehousing and Storage  | <input type="checkbox"/> Accounting, Financial, and Insurance Services  |
| <input type="checkbox"/> Freight Forwarders   | <input type="checkbox"/> Pharmaceutical Services  |
| <input type="checkbox"/> Customs Services   | <input type="checkbox"/> Healthcare Services  |
| <input type="checkbox"/> Government Relations/Lobbyists                                   | <input type="checkbox"/> Food Safety Services   |
| <input type="checkbox"/> Law Firms  | <input type="checkbox"/> Travel and Visa Services   |
| <input type="checkbox"/> Civil Law Notary   | <input type="checkbox"/> Cafeterias and Catering  |
| <input type="checkbox"/> Tax Lawyers, Tax Advocates, Tax Accountants, and Tax Consultants | <input type="checkbox"/> Security and Safety Providers, Consultants, and Schools                              |
| <input type="checkbox"/> Debt Collectors  | <input type="checkbox"/> Labor-Related Services   |
| <input type="checkbox"/> Real Estate Services   | <input type="checkbox"/> Licenses and Permits   |
| <input type="checkbox"/> Landlords/Property Owners  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Public Relations   |   |

6. If more than one type of service is selected in response to Question No. 5, please indicate the type of service that most accurately describes the primary service to be provided by Candidate:
7. Describe in detail the specific activities that Candidate will perform for or on behalf of the Company:
8. Describe in detail the business purpose/rationale for engaging Candidate (i.e., why Candidate was selected, the criteria considered, circumstances of the engagement, and whether alternative vendors were considered and rejected, and why):
9. Provide a point of contact at the Candidate who will be responsible for completing a Due Diligence Questionnaire or Anti-Corruption Training, if necessary (must be individual responsible for business relationship with Company; secretarial or administrative employees may not be listed as a contact person):
- Name: \_\_\_\_\_
- Position/Title: \_\_\_\_\_
- E-Mail: \_\_\_\_\_
- Phone: \_\_\_\_\_

## II. Interactions with Government Entities and Officials

1. List all Government Entities (including any military and state-owned enterprises) that Candidate will interact with in connection with the services provided to the Company:
2. How often will Candidate interact with Government Entities or Officials?
- ☐ One time ☐ Two or three times per year
- ☐ Once every two or three months ☐ Monthly
- ☐ Daily or weekly
3. Identify any permits, certifications, licenses, documentation, or other government authorization that Candidate will obtain in connection with the services provided to the Company:

## III. Anticipated Contract Details

1. Duration of Contract: \_\_\_\_\_
2. Contract will: ☐ be a limited, one-time engagement | ☐ likely be renewed | ☐ renew automatically/continue until further notice
3. Estimated Annual Contract Value (i.e., annual spend in USD): \_\_\_\_\_

4. Identify whether the compensation to the Candidate will involve any of the following (check **all** that apply):
- ☐ Commission
  - ☐ Success/Contingency Fee or Bonus
  - ☐ Other Performance- or Incentive-Based Compensation (for example, compensation tied to the Company's profit or the income generated from a project or transaction)
  - ☐ Expense Reimbursement (e.g., reimbursement for out-of-pocket expenses)
  - ☐ Any Other Atypical Payment Mechanism
  - ☐ High Frequency of Payments (e.g., daily or weekly)
  - ☐ None of the Above

If any of the above are selected (besides "None of the Above"), please explain in detail:

5. Has Candidate requested any of the following: (i) payment to an off-shore account or bank; (ii) payment to multiple accounts or banks; (iii) payment to an entity or individual other than the Candidate itself; or (iv) payment in cash or other easily convertible items of value? ☐ YES ☐ NO

If **YES**, please explain in detail:

6. Location(s) where Candidate will provide services for or on behalf of the Company (i.e., list countries/regions covered by the contract):

7. When selecting Candidate, did the Business Unit consider: (1) Candidate's reputation for ethical commercial practices; (2) Candidate's prior experience, whether working for the Company or for others; (3) Candidate's technical qualifications to perform the required function and activities; (4) whether Candidate has adequate resources, knowledge, and experience to perform the required functions and activities; and (5) whether Candidate's proposed costs/fees are consistent with market standards as compared to similarly qualified competitors? ☐ YES ☐ NO

#### IV. Responsible Business Unit Certification

I confirm that the information provided above is true and complete, and I agree to promptly notify Anti-Corruption Compliance of any changes to that information. In addition, if I become aware of material changes to the information disclosed by the TPI in the Candidate Questionnaire (Appendix 2), such as a change regarding the TPI's use of subcontractors, I will promptly notify Anti-Corruption Compliance.

I understand and acknowledge that a Candidate may not provide services for or on behalf of the Company until: (a) Candidate has been approved by Anti-Corruption Compliance and (b) a written contract with Candidate that contains appropriate Anti-Corruption Clauses has been executed. I understand and acknowledge that a Candidate may not be paid until: (a) Candidate has been approved by Anti-Corruption Compliance; (b) a written contract with Candidate that contains appropriate Anti-Corruption Clauses has been executed; and (c) a vendor number has been assigned. I further acknowledge that each agreement with Candidate that I sign or cause the Company to sign shall include the Mandatory Anti-Corruption Clauses provided in Appendix 3, unless a prior written exception is provided by Anti-Corruption Compliance.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(printed)

Title: \_\_\_\_\_

Business Unit: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm-dd-yyyy)