

Appendix 9

Tenant Questionnaire

SECTION A – To be completed by the Tenant

I. Proposed Tenant Information

1. Tenant Name and Address

Tenant's Legal Name: _____

Business Address: _____

Country/Region: _____

Contact Person: _____

Phone No.: _____

E-mail Address: _____

2. Which of the following best describes Tenant (check one)?

☐ Individual

☐ Sole Proprietor

☐ Private Corporation

☐ Partnership

☐ Publicly Traded Corporation

☐ Limited Liability Partnership

☐ State-Owned Entity*

☐ Government Official

☐ Government Entity*

☐ Other: _____

*For State-Owned Entity or Government Entity Tenant, you may skip Section I. Questions 3 -5 and proceed to **Section II. Tenant Certification.**

3. For Tenants that are NOT publicly traded companies, list all owners, partners, or shareholders of Tenant (percentage should total 100%). For Tenants that ARE publicly traded companies, list the owners, partners, or shareholders that have five (5) percent or more of the voting rights or outstanding shares of any class of stock in Tenant.

Full Name of Individual or Entity: _____

Title (if applicable): _____

Is this an Individual or Organization? ☐ Individual ☐ Organization

Year of Birth (for Individual): _____

Citizenship: _____

Country/Region of Residence: _____

Ownership Percentage (%): _____

Full Name of Individual or Entity: _____

Title (if applicable): _____

Is this an Individual or Organization? ☐ Individual ☐ Organization

Year of Birth (for Individual): _____

Citizenship: _____

Country/Region of Residence: _____

Ownership Percentage (%): _____

Full Name of Individual or Entity:

Title (if applicable):

Is this an Individual or Organization?

☐ Individual

☐ Organization

Year of Birth (for Individual):

Citizenship:

Country/Region of Residence:

Ownership Percentage (%):

4. Is any of the Tenant's Owners, Partners, or Shareholders:

- | | | | | | |
|----|---|--------------------------|-----|--------------------------|----|
| a) | Employed or otherwise engaged in any capacity by any Government Entity? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b) | Employed by or has duties to any political party or political campaign? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c) | A candidate for any political office or position? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If **YES** to any of the above, provide the following information for each such entities or individuals (continue list on a separate page, as needed):

Owner/Partner/Shareholder's Name:

Owner/Partner/Shareholder's Position / Title with Government Entity:

Owner/Partner/Shareholder's Name:

Owner/Partner/Shareholder's Position / Title with Government Entity:

5. Does the Tenant or any of the Tenant's Owners, Partners or Shareholders have any relative (including, but not limited to, parent, child, sibling, or spouse), or close business associate who is:

- | | | | | | |
|----|---|--------------------------|-----|--------------------------|----|
| a) | Employed or otherwise engaged in any capacity by any Government Entity? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b) | Employed by or has duties to any political party or political campaign? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c) | A candidate for any political office or position? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If **YES** to any of the above, provide the following information for each such entity or individual and his/her relative(s) (continue list on a separate page, as needed):

Tenant/Owner/Partner/Shareholder's Name:

Relative/Close Business Associate's Name:

Relative/Close Business Associate's Position / Title:

Relative/Close Business Associate's Relationship to Tenant/Shareholder:

Relative/Close Business Associate's Country/Region of Residence:

Relative/Close Business Associate's Duties:

Tenant/Owner/Partner/Shareholder's Name:

Relative/Close Business Associate's Name:

Relative/Close Business Associate's Position / Title:

Relative/Close Business Associate's Relationship to Tenant/Shareholder:

Relative/Close Business Associate's
Country/Region of Residence:

Relative/Close Business Associate's Duties:

II. Tenant Certification

I hereby certify that I am authorized to sign this Questionnaire on behalf of Tenant, and that the information provided herein is true and complete and that the information provided may be used for the purpose of the Company's due diligence procedures for third party intermediaries. Tenant agrees to promptly notify the Company of any material changes to this information.

Tenant understands that the Company's Global Anti-Corruption Policy is available at <https://walmartethics.com>.

Tenant understand that the Company's Anti-Corruption Due Diligence Privacy Notice is available at <https://corporate.walmart.com/privacy-security/walmart-anti-corruption-due-diligence-privacy-notice>.

Tenant agrees that, if approved, Tenant will comply with all applicable anti-corruption laws.

Signature:

Full Name:

(printed)

Title:

Country/Region of
Residence:

Date:

(mm-dd-yyyy)

If you are Tenant's legal representative, provide a copy of the relevant Power of Attorney (or equivalent document) establishing your authority to act on Tenant's behalf.

SECTION B – To be completed by the Walmart Responsible Business Unit if required by A/C Compliance

III. Proposed Transaction Information

1. If the proposed tenant is a Government Entity or a Government Official, does the Government Entity or Government Official regulate the Company or otherwise have the ability to affect the Company's Business?

2. Property's Location / Address:

3. If the transaction is not with a Government Entity, was an FMV analysis conducted?

If **YES**, please submit the FMV analysis along with this form to A/C Compliance.

If **NO**, please explain why:

4. Was the FMV analysis conducted by an independent appraiser firm?

☐ YES ☐ NO

If **YES**, provide independent appraiser firm's name and contact information:

-
5. Property list price (indicate currency): _____
6. FMV of property (indicate currency): _____
7. What is the proposed transaction amount (indicate currency)? _____
8. Is this Real Estate FMV found to be reasonable and objective?
- ☐ YES ☐ NO

IV. Responsible Business Unit Certification

By submitting this form and any attached documents, I certify that the information provided is true and complete.

I further certify that I am familiar with, and the proposed real estate transaction complies with, the Company's Global Anti-Corruption Policy, the United States Foreign Corrupt Practices Act ("FCPA"), and any other applicable anti-corruption laws. I have no knowledge or information that suggests that the real estate transaction will be used for a corrupt purpose.

Signature: _____

Name: _____
(printed)

Title: _____

Business Unit _____

Date: _____
(mm-dd-yyyy)

SECTION C – To be completed by Anti-Corruption Compliance

V. Anti-Corruption Compliance Decision

Transaction is: ☐ Approved ☐ Denied

Signature: _____

Name: _____
(printed)

Title: _____
(must be Director or above)

Date: _____
(mm-dd-yyyy)