

**TELEFLEX MEDICAL TRADE COMPLIANCE QUESTIONS**

1. Full Legal Name of Company: \_\_\_\_\_

2. All registered office(s)/address(es) (no P.O. Boxes):

\_\_\_\_\_

3. Year and place company established (provide copy of incorporation or other business establishment documentation): \_\_\_\_\_

4. Tax ID number or equivalent (e.g., business license number): \_\_\_\_\_

5. Type of ownership:

Public corporation     Private corporation     Individual     Partnership

Joint Venture     Other (please explain) \_\_\_\_\_

6. Please list each person who owns 10% or more equity interest in the company:

\_\_\_\_\_

7. If partnership, please list each partner and identify the general partner(s):

\_\_\_\_\_

8. List all officers and directors (name, title and length of time with the company):

\_\_\_\_\_

9. Please identify any officer, director, partner, or person who owns a 10% or more equity interest in the company who is employed by, or has an interest in, any other company (public or private), partnership, or other business. For each individual, please provide the person's name and the location of the other business, product(s)/service(s) of the other business, and position held by the person in the other business:

\_\_\_\_\_

10. List number of employees (and specify how many of them are involved in sales):

\_\_\_\_\_

11. Has the company ever conducted business under another name?     Yes    No

If "yes" please provide details: \_\_\_\_\_

12. Please list details of any and all affiliate companies, including parent, subsidiaries, joint ventures and related companies (include name of country, and full physical address including country):

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13. Please identify each person or entity, including any government or government agency, having a financial interest or playing any management role in the company's business (other than those listed at questions 6, 7 or 8 above) and describe the extent of their ownership and/or management control:

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14. Please identify any government-owned or controlled company that has an ownership interest in your company, the parent or an affiliate:

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15. If you use third-party distributors/agents in your business, please provide the names of such third-party distributors/agents and explain the nature of the business relationship:

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16. Please identify any current or former officer, director, owner, principal, or controlling person of the company (including the spouse, brother, sister, parent or child of such a person) who is a current or former office holder, official, or employee of any government entity (an official of a government entity includes anyone who is a member of the military or holds a legislative, administrative, or judicial position of any national, provincial or local government):

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17. Please identify any current or former officer, director, owner, principal, or controlling person of the company (including the spouse, brother, sister, parent or child of such a person) who is a current or former employee, office holder, candidate, or official of any political party;

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18. Please identify any current or former officer, director, owner, principal, or controlling person of the company (including the spouse, brother, sister, parent or child of such a person) who is a current or former employee, officer, director, manager, or official of any state-controlled or state-owned enterprise (state-controlled and state-owned enterprises include any business that is owned or controlled by any national, provincial or local government):

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19. Please identify any current or former officer, director, owner, principal, or controlling person of the company (including the spouse, brother, sister, parent or child of such a person) who is a current

or former employee or official of a public international organization, such as the World Bank, the International Monetary Fund, the United Nations, the Asian Development Bank, or the European Union:

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20. If you make any charitable contributions in the region in which you do business, please explain in detail the recipients of charitable contributions and the amounts and dates provided:

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21. If you personally, or your company, has been audited by a third party in the last (3) years, please provide the name of the auditor and contact information and summarize meaningful findings of such audit:

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22. Please provide a link to your website: \_\_\_\_\_

23. Please provide a listing of all countries where you do business:

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24. Please indicate the territorial break-down of your business related to sales of medical products:

Country	Sub-distributor/sub-dealer (if any)	Customer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. Have you or your company/companies ever sold, distributed or otherwise transferred, directly or indirectly through third countries or parties, products to Cuba, Iran, Libya, North Korea, Sudan or Syria?

Yes     No

If yes, please explain:

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26. Have you or your company/companies ever been involved, directly or indirectly through third countries or parties, in the service or repair (or requested services in relation to) products located in or destined for Cuba, Iran, Libya, North Korea, Sudan or Syria?

Yes     No

If yes, please explain:

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27. Does the company (including its officers, directors, principals, and owners), or any business concern controlled by the company, have any offices or other operations in Cuba, Iran, Libya, North Korea, Sudan or Syria?

Yes     No

If yes, please explain:

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28. Has the company (including its officers, directors, principals, and owners), ever been involved, directly or indirectly, in a transaction, export, re-export or other transfer pursuant to an export license or other authorization issued by the U.S. Government?

Yes     No

If yes, please explain:

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29. Have you or your company/companies, any related company (subsidiaries or affiliates), or the company's owners, officers, directors or employees ever been placed on any restricted parties list (for example the U.S. Commerce Department's Denied Persons List, Unverified List or Entity List, or the U.S. Treasury Department's Specially Designated Nationals List, etc.)? See <http://www.bis.doc.gov/complianceandenforcement/liststocheck.htm>

Yes     No

If yes, please explain:

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30. Has the company (including its officers, directors, principals, and owners), or any business concern controlled by the company, ever been charged with any crime or offense?

Yes     No

If yes, please explain:

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Name

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Title

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Signature

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Date

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Contact information (email, phone and fax numbers)