

**QUESTIONNAIRE FOR BUSINESS PARTNERS**

**1. BUSINESS PARTNER OF CSI SOLAR**

Full legal name of the Business Partner:

Registered Address:

Operational Address:

Phone number:

Fax number:

Website:

Country of the end-user:

Name, address and detailed ownership information of the end-user:

**1.1 List all other names under which you have conducted business, including the time period for each.**

Name	Date

**2. YOUR ORGANIZATION**

**2.1 Is your organization publicly listed and where?**  
*For privately owned companies, list all the owners of your organization. For publicly traded companies, list shareholders holding more than 5%.*

Name	Ownership %	Nationality(ies) <sup>1</sup> (if applicable)

<sup>1</sup> The information is requested solely for the purpose of conducting checks for sanctions and trade controls and will be kept confidential.

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**2.2**  
**What is the ownership structure of the parent company(ies)?**  
*For organizations listed in 2.1, list the owners of each of these organizations.*

<b>Name</b>	<b>Ownership %</b>	<b>Nationality(ies) (if applicable)</b>

**2.3**  
**Who are the members of your organization’s governing board?**

<b>Name</b>	<b>Ownership %</b>	<b>Nationality(ies) (if applicable)</b>

**2.4**  
**Who are the principal officers of your organization?**

<b>Name</b>	<b>Title/Function</b>	<b>Years of service</b>

**2.5**  
**Who are the key subsidiaries or jointly-owned organizations that will be involved in the proposed project/partnership?**

<b>Name</b>	<b>Relationship</b>	<b>Location</b>	<b>Date/place established</b>	<b>Percentage owned</b>

**2.6**  
**List the name(s) and title(s) of the individuals who will be responsible for working with our organization.**

<b>Name</b>	<b>Ownership %</b>	<b>Nationality(ies) (if applicable)</b>

**3. RELATIONSHIP TO GOVERNMENT ORGANIZATIONS OR PUBLIC OFFICIALS**

<p><i>“Public Official” includes:</i></p> <ul style="list-style-type: none"> <li>• <i>person holding legislative, administrative, military or judicial office for any country</i></li> <li>• <i>person exercising a public function for any country, government or governmental agency</i></li> <li>• <i>employee of a government-owned or controlled enterprise</i></li> <li>• <i>official or agent of a public international organization</i></li> <li>• <i>political party or official of a political party</i></li> </ul> <p><i>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.</i></p>		
3.1	<p><b>To the best of your knowledge, is any key employee or senior management member of your organization a Public Official?</b>  <i>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.</i></p>	<p><input type="checkbox"/> NO  <input type="checkbox"/> Yes:</p>
3.2	<p><b>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?</b>  <b>If yes, please explain.</b>  <i>If yes, please describe the relationship between such person(s) and the Public Official(s).</i></p>	<p><input type="checkbox"/> NO  <input type="checkbox"/> Yes:</p>
3.3	<p><b>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?</b>  <i>If yes, please list the Public Official(s) and their total percentage ownership interest.</i></p>	<p><input type="checkbox"/> NO  <input type="checkbox"/> Yes:</p>
3.4	<p><b>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)?</b>  <b>If yes, please explain.</b>  <i>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.).</i></p>	<p><input type="checkbox"/> NO  <input type="checkbox"/> Yes:</p>
3.5	<p><b>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? If yes, please explain.</b></p>	<p><input type="checkbox"/> NO  <input type="checkbox"/> Yes:</p>
<p><b>4. LEGAL PROCEEDINGS</b></p>		
4.1	<p><b>Have you or any key employee or senior management member of your organization, ever been convicted of a felony or any other serious crime in the country where the services will be rendered or in any other country (other than traffic violations)?</b>  <b>Are there any legal proceedings of this nature pending?</b></p>	<p><input type="checkbox"/> NO  <input type="checkbox"/> Yes:</p>

	<i>Describe the charges for which you or key members of your organization have been convicted or have proceedings currently pending, and when this occurred.</i>	
4.2	<b>Has a consent decree ever been issued against your organization, or any key employee or senior management member, by any governmental entity or political subdivision of the country where the services will be rendered or by the government of any other country? If yes, please explain.</b>	<input type="checkbox"/> NO <input type="checkbox"/> Yes:
<b>5. AFFILIATE RELATIONSHIPS</b>		
5.1	<b>To the best of your knowledge, have you or any key employee or senior management member of your organization, ever been employed by or performed services for our organization or any of our organization's subsidiaries or affiliates? If yes, please explain. If applicable, provide a description of the employment period, including job description, how long employed and reasons for leaving. Then indicate whom the services were provided to, or the party's supervisor if they were previously employed</b>	<input type="checkbox"/> NO <input type="checkbox"/> Yes:
5.2	<b>To the best of your knowledge, do you or any key employee or senior management member of your organization, its subsidiaries or affiliates, have any financial interest or arrangement with any officer, director or employee of our company or its subsidiaries or affiliates? If yes, please explain. If yes, please provide a description of the financial arrangement and the name of the officer, director or employee.</b>	<input type="checkbox"/> NO <input type="checkbox"/> Yes:
5.3	<b>To the best of your knowledge, do you, any key employee or senior management member of your organization, or its subsidiaries or affiliates, have a position of responsibility (for example as an officer, director, principal, stockholder, partner or owner) with any business interest of any officer, director or employee of our company or any of our organization's subsidiaries or affiliates? If yes, please provide a list, including the position held and the period of time it has been held.</b>	<input type="checkbox"/> NO <input type="checkbox"/> Yes:
5.4	<b>Is any key employee or senior management member of your company related (by blood, marriage or otherwise) to any other officer, director or employee of our organization or its subsidiaries or affiliates? If yes, please explain.</b>	<input type="checkbox"/> NO <input type="checkbox"/> Yes:
<b>6. COMPLIANCE</b>		
6.1	<b>Are you aware of and agree to abide by the provisions of applicable laws, including but not limited to the German Criminal Code, the UK Bribery Act, the US Foreign Corrupt Practice Act, in providing goods and services under the proposed agreement?</b>	<input type="checkbox"/> NO <input type="checkbox"/> Yes
6.2	<b>Please confirm that you have read and agree to our Code of Business Conduct and Ethics which can be downloaded here: <a href="https://speakupcsisolar.convercentecp.com/policies-and-resources">https://speakupcsisolar.convercentecp.com/policies-and-resources</a></b>	<input type="checkbox"/> NO <input type="checkbox"/> Yes:
6.3	<b>Describe your organization's compliance organization and provide copies and/or descriptions of your Code of Business Conduct and Ethics, your anti-corruption compliance policies,</b>	<b>Attach relevant documents</b>

	<b>your compliance training activities, and your whistle-blowing channels, if any.</b>	
<b>6.4</b>	<b>Do you have a written policy in place prohibiting the illegal conversion, concealment or transfer of money or property?</b>	<input type="checkbox"/> NO <input type="checkbox"/> Yes
<b>6.5</b>	<b>Does your organization have a corporate policy which prohibits facilitation payments? If not, under which circumstances would the policy allow for making facilitation payments?</b>	<input type="checkbox"/> NO: <input type="checkbox"/> Yes
<b>7.</b>	<b>CONSIGNEE OF THE GOODS</b>	
	<p><b>If the recipient of the goods is different from the customer:</b> Will you use a consignee in the transaction? <input type="checkbox"/> NO <input type="checkbox"/> Yes</p> <p>Full legal name of the consignee: Address of the consignee: Country of the consignee:</p>	
<b>8.</b>	<b>CARRIER / FREIGHT FORWARDER OF THE GOODS</b>	
	<p>Full legal name of the carrier/freight forwarder: Address of the carrier/freight forwarder: Country of the carrier/freight forwarder:</p>	
<b>9.</b>	<b>BANK / FINANCIAL INSTITUTION</b>	
<b>9.1.</b>	<b>Which bank/financial institution will you use to pay CSI Solar?</b>	
	<p>Full legal name of the bank/financial institution: Address of the bank/financial institution: Country of the bank/financial institution:</p>	
<b>9.2.</b>	<b>If applicable, which bank/financial institution will you use to receive funds from your own customer in relation with those goods?</b>	
	<p>Full legal name of the bank/financial institution: Same as above Address of the bank/financial institution: Country of the bank/financial institution:</p>	
<b>9.3.</b>	<b>In what currency will CSI Solar receive payment?</b>	
<b>10.</b>	<b>OTHER PARTIES</b>	
	<p><b>Will there be any other parties, subcontractors, investors service providers or intermediaries involved in the transaction? (such as importers, customs brokers, etc.)</b></p> <p><b>If yes, identify all other parties or intermediaries to the transaction:</b> Role in the transaction: Full legal name: Address: Country:</p>	
<b>11.</b>	<b>CONFIRMATION OF THE ABOVE</b>	
	<p><b>The information above is given by Business Partner at best knowledge at the time of signature. Business Partner shall inform CSI Solar about all relevant changes and amendments to the information as given above, especially in regard to acting or involved persons and/or entities.</b></p>	

**The obligation set out here applies up to the point of time in which all contractual performances under the contract between Business Partner and CSI Solar have been fully completed.**

**Signed by due authorization for  
Business Partner by:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Place and Date, company's stamp**