

GLOBAL FORM

SERB /BTG GLOBAL ANTI-CORRUPTION QUESTIONNAIRE

Requester must complete this form and attach any documentation for the grant request

Requesting Organization:

Form Completed by (Name and Title):

Date:

Phone:

Address:

Email:

The statement of purpose for the following documentation:

SERB Pharmaceuticals (operating in the US as BTG Pharmaceuticals) is committed to exercising due diligence and to taking all necessary precautions to ensure that we only make grants and donations to qualified organizations and institutions. SERB / BTG's grant and donations are intended to improve the quality of patient care. The following inquiry is intended to preserve the integrity of the requesting organization and that of SERB / BTG. The questions below seek to clarify the intended use of the grant or donation. This document also seeks to minimize the risk for the requestor and SERB / BTG that any portion of approved funds will be used to unduly benefit any individuals, and in particular, government officials.*

1. Is anyone in the requesting organization or institution acting in a significant capacity (e.g. officer, director, founder, board member or any other member of leadership), in a position to make prescribing, dispensing, purchasing, registration, or access decisions for SERB / BTG products?

Yes (if yes, answer 1a. and 1b.) No (if no, proceed to 2)

1a. Has your request been made with the understanding that a decision to approve the request implies **no** obligation regarding the prescribing, dispensing, purchasing, registration, or access decisions for SERB / BTG products?

Yes (if yes, answer 1a. and 1b.) No (if no, proceed to 2)

1b. Did anyone from, or acting on behalf of, SERB / BTG encourage you to make this request?

Yes No

2. Beyond the stated purpose of the request, if approved, will any portion of the grant or donation be re-directed to personally benefit individuals employed by or associated with your organization or institution and/or the government?

Yes (if yes, provide details below) No

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3. If approved, does the intended timing of the request or anticipated execution coincide with a decision regarding the prescribing, dispensing, purchasing, registration, or access decisions for BTG products?

Yes (if yes, provide details below) No

* The Organization of Economic Cooperation and Development (OECD) member countries share a commitment to democratic government and the market economy. The OECD convention, the UK Bribery Act and the U.S. Foreign Corrupt Practices Act (FCPA) considers a health care provider who works for a government, among others, to be a government official.

4. Do any of the following government officials and/or entities have a connection, direct or indirect with the leadership of your institution or organization?

Individuals:

- high-ranking officer of a government entity Yes No
- political party leader Yes No
- candidate for political office Yes No
- high-ranking officer of a public or international organization or other publicly funded organization (e.g, UN, IMF, WHO, etc.) Yes No
- relative, close family or household member of any of the above Yes No

Entities:

- government agency or institute Yes No
- government-owned or government-controlled organization Yes No
- public international organization Yes No
- political party Yes No

If you answered YES to any of the above in Item 4, please provide the information requested below. Please forward copies of any documentation evidencing disclosure and/or authorization from the government, political or public agency to the corresponding individuals to be associated with your institution (last column below). If additional individuals, attach separate sheet.

Name of Individual or Entity	Role/Activity in Requesting Institution or Organization	Gov't, Political, Public or International Agency	Role/Activity in Organization	Disclosure or Authorization Attached (yes/no)

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5. How will patients benefit or the quality of patient care improve with the approval of this request?

6. Indicate below or attach an informed estimate of the timing and budget for the intended use of the requested grant or donation.

Event/Action	Timeframe/Date	Proposed Amount

Total amount requested:

7. Approved funds will be paid to organizations or institutions by company check to the address provided on page one or electronic account transfer to an account owned by the institution and organization. For an electronic transfer, please provide account information and the contact information of the account manager below:

By signing this document, you acknowledge and agree to the following:

- SERB/BTG and your organization have the right to publicly disclose information concerning the grant or donation, including but not limited to, the amount of funds disbursed, to whom the funds have been provided, and for what purpose the funds were given.
- You answered each question to the best of your organization's knowledge and that you understand SERB / BTG's commitment to adhering to the spirit and letter of all applicable country and international laws and agreements.
- Your organization also acknowledges that a decision by SERB / BTG to approve this unsolicited request should in no manner be interpreted as an effort to obtain or retain SERB / BTG business. A decision to approve or deny your request will be made by an area outside of SERB / BTG's commercial organization.
- If this form is not completed in its entirety or any information contained within is determined by SERB / BTG to be false or misleading will result in the request not being considered for approval.

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Signature:

Date:

Printed Name and Title:

Mail this form to the following address:

[Insert SERB / BTG Region Submission Address]

For SERB / BTG Internal Post Submission Reference:

Name of Individual or Entity	Role/Activity in Requesting Institution or Organization	Gov't, Political, Public or International Agency	Role/Activity in Organization	Disclosure or Authorization Attached (yes/no)