

**DUE DILIGENCE
RENEWAL QUESTIONNAIRE**

INSTRUCTIONS:

- Please complete this questionnaire electronically and return to your Exactech contact.
- **PLEASE NOTE THAT NO AGREEMENT CAN BE CONCLUDED UNTIL WE RECEIVE THIS COMPLETED QUESTIONNAIRE AND APPLICABLE SUPPORTING MATERIALS AND HAVE HAD ADEQUATE TIME TO REVIEW AND VERIFY THE STATEMENTS CONTAINED IN YOUR RESPONSE.**
- Your timely response is appreciated.

1. KEY DEFINITIONS:

- 1.1. PUBLIC OFFICIAL:** Any officer or employee of any government or government-controlled entity anywhere in the world. Public officials also include political parties and party officials, candidates for political office, and employees of public international organizations such as the United Nations. Public Officials also include all levels of employees and officials of any commercial enterprise owned, partially owned, controlled, or operated by a government. Additionally, public officials include any person acting in an official capacity for or on behalf of any government or department, or at any level of federal, state, provincial, county, or municipal government and similar officials of any government in the world. Health care professionals, including physicians, are public officials for purposes of this form. Further, any close relative of a public official is also a public official for the purposes of this questionnaire.
- 1.2. CLOSE RELATIVE:** Close Relatives include a Public Official's spouse; the Public Official's and the spouse's grandparents, parents, siblings, children, nieces, nephews, aunts, uncles and first cousins; the spouse of any of these people; and any other persons who share the same household with the Public Official.

2. BASIC INFORMATION

2.1. Legal Name:	
2.2. Address:	
2.3. Company Telephone:	2.4. Business Profile
2.5. Website:	2.6. Years in Business:
2.7. Certification or Tax Identification Number: <i>(Example: Any identification number that the company uses to conduct official business)</i>	
2.8. Country (or countries) where the Company does business:	

3. CONTACT INFORMATION (OF PERSON COMPLETING THIS FORM)

3.1. Name and Title:		
3.2. Office Telephone Number	3.3. Mobile	3.4. Email Address

4. ORGANIZATIONAL STRUCTURE

4.1. Company Banking Information 4.1.1. Please provide the following information for the bank or banks with which the Company conducts its business (<i>attach a separate sheet if necessary</i>): Name of banking institution: Name of the account: Bank address: Account Number: 4.1.2. Does the Company have any foreign bank accounts or payees? Yes No If yes, please specify where and to whom (<i>attach a separate sheet if necessary</i>).																													
4.2. Company Personnel: Does the Company have a board of directors? Yes No If <u>Yes</u> , please include the information below for each of the directors on the board (<i>attach a separate sheet if necessary</i>):																													
<table border="1"> <thead> <tr> <th>Name</th> <th>Job Title/Role</th> <th>Nationality</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name	Job Title/Role	Nationality																								
Name	Job Title/Role	Nationality																											
Please provide detail regarding the members of the Company's management that fulfill the following roles or similar roles to the following:																													
<table border="1"> <thead> <tr> <th>Name</th> <th>Job Title/Role</th> <th>Nationality</th> </tr> </thead> <tbody> <tr><td> </td><td>President/ Chief Executive Officer</td><td> </td></tr> <tr><td> </td><td>Legal Representative/General Counsel</td><td> </td></tr> <tr><td> </td><td>Chief Financial Officer/Treasurer/Accounting</td><td> </td></tr> <tr><td> </td><td>Sales & Marketing</td><td> </td></tr> <tr><td> </td><td>Finance</td><td> </td></tr> <tr><td> </td><td>Imports / Exports (Customs)</td><td> </td></tr> <tr><td> </td><td>Regulatory Affairs (e.g. Product Registrations)</td><td> </td></tr> <tr><td> </td><td>Compliance Officer</td><td> </td></tr> </tbody> </table>			Name	Job Title/Role	Nationality		President/ Chief Executive Officer			Legal Representative/General Counsel			Chief Financial Officer/Treasurer/Accounting			Sales & Marketing			Finance			Imports / Exports (Customs)			Regulatory Affairs (e.g. Product Registrations)			Compliance Officer	
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	Compliance Officer																												

4.3. Number of Employees:

Please attach a list of Employees

4.4. Company Ownership and Legal Structure:

Has the legal structure of your company changed in the last 3 years? (Examples: Corporation, Limited Liability, partnership, joint venture, etc.). YES NO

If Yes, please explain:

Please list all owners, including individuals and companies, and state the % of ownership of each (attach a separate sheet if necessary)

Owner's Full Legal Name	Ownership %	Nationality

4.5. Subsidiaries, Distributors, Affiliates and Business Partners (Third-parties)

Please provide information related to any of the Company's subsidiaries, distributors, affiliates, or business partners who perform duties for the benefit of Exactech in the following areas: Promotion of Exactech Products; Selling or Distributing Exactech Products; Obtaining or Maintaining Regulatory Approval; Registration Holder for Exactech Products. This includes distributors the Company engages to sell Exactech products (attach a separate sheet if necessary).

Name (Individual/Company)	Role	Nationality

5. RELATIONSHIPS WITH PUBLIC OFFICIALS

5.1.

If you identified Individuals in Sections 4.2. - 4.5. above

Please mark if any of the following **categories** apply to any of the **individuals** you identified in Sections 4.2. (Company Personnel), Section 4.4. (Company Ownership) or Section 4.5. (Third-parties).

5.2.

If you identified Companies in Sections 4.2. - 4.5. above

Please mark if any of the following **categories** apply to any of the board of directors, officers, employees or owners of any **company** you identified in Sections 4.2. (Company Personnel), Section 4.4. (Company Ownership) or Section 4.5. (Third-parties).

Categories:

5.3. A Public Official (defined in Section 1.1. of this Questionnaire)	Yes	No
5.4. A Close Relative of Public Official (defined in Section 1.2. of this Questionnaire)	Yes	No
5.5. A person having authority within a government entity to make or influence decisions or recommendations regarding:		
a. reimbursement of Exactech products	Yes	No
b. bulk purchase of Exactech products for companies, institutions, organizations, etc.	Yes	No
c. prescribing or dispensing of Exactech products	Yes	No

d. approval of registrations, permits or other authorizations related to Exactech products	Yes	No
e. any other registrations, permits or authorizations related to Exactech business interests	Yes	No
5.6. A political candidate	Yes	No
5.7. If you answered Yes to any of the questions in 5.3, 5.4, 5.5 or 5.6, provide the following details on the persons identified:		
Name		
Title/Role		
Relationship with your Company		
The nature of the service that this person provides to Exactech (if no services provided to Exactech, please state the circumstance)		
The government or public organization involved and the nature of the person's relationship with that organization		
5.8. If you answered Yes to any of the questions in 5.3, 5.4, 5.5 or 5.6, provide the following details on the entities/companies identified:		
Name		
Relationship with your Company		
The type of service this entity provides Exactech (if no service provided to Exactech, please state the circumstance)		
The government or public organization involved and the nature of the entity's relationship with that organization		
5.9. What percentage of your business/sales is with the public sector and what percentage is private?	% Public	% Private

6. COMPANY LEGAL BACKGROUND

<p>Please mark if any of the following apply to any of the individuals or companies you identified in Sections 4.2. (Company Personnel), Section 4.4. (Company Ownership) or Section 4.5. (Third-parties).</p> <p><i>If you answer <u>YES</u> to any of the questions below, please attach a separate sheet containing a detailed explanation of such conduct.</i></p>		
6.1. Has this person or company ever had a judgment (civil or criminal) or penalty involving fraud, theft or embezzlement entered against them or it?	Yes	No
6.2. Has this person or company been involved in an investigation by a government agency related to allegations involving corruption, bribery, or fraud?	Yes	No
6.3. Has this person or company received a request for information, such as a subpoena, by a government agency related to allegations involving corruption, bribery, or fraud?	Yes	No

7. ETHICS AND COMPLIANCE PROGRAM

7.4. Provide copies of your most recent written policies and/or procedures that govern the activities that are performed on behalf of Exactech (*Examples: Expense reimbursement, Interactions with Health Care Professionals, Sub-distributors and Third-Party due diligence policies/procedures*)

8. CERTIFICATION

AUTHORIZED REPRESENTATIVE OF THE COMPANY			
Full Name			
Title			
Company Name			
I hereby certify that:			
I am a duly authorized representative of the Company named below;	Yes	No	Initials
The information I have provided is true and complete to the best of my knowledge;	Yes	No	Initials
Exactech may seek to independently confirm the statements made in this document;	Yes	No	Initials
I understand that Exactech will rely on this information in deciding whether to renew its business agreement with the Company;	Yes	No	Initials
I am not aware of any additional information or risks related to corruption or bribery to be considered in evaluating this formal business agreement relationship with Exactech;	Yes	No	Initials
I consent to Exactech storing and transferring this information in accordance with applicable law; and	Yes	No	Initials
I consent to transferring the information provided in this form to Exactech, Inc., ("Exactech") a company based in the United States, solely for the purpose of allowing Exactech to conduct research into the legal, and business background of the companies and persons identified in the form. I consent to Exactech transferring the information provided in this form to a third-party for the sole purpose of conducting such research on Exactech's behalf.	Yes	No	Initials

DATE	STAMP AND SIGNATURE