

## BUSINESS PARTNERS QUESTIONNAIRE - CLIENTS

Code: F-GEC-10
Version: 01
Date: 12/28/2021
Approved by:
COMPLIANCE OFFICER

ORGANIZATION:		DATE:
NAME	POST	SIGNAT URE:

GENERAL INFORMATION OF THE ORGANIZATION		
Name Commercial		
Company Name		
RUC		
Legal address		
Years in the market		
Phone		
Mail electronic		

CRITERIA  Anti-Bribery Policy  Does your company have any type of Anti-Bribery Policy defined and disseminated in writing?  If yes, please attach it to this questionnaire.  Controls established  Has your company established anti-bribery controls to manage the relevant risk of bribery?  Responsible for anti-bribery controls  Does your company assign a person in charge of supervising, advising and ensuring that the anti-bribery management system or prevention model is compliant and implemented? (Indicate Yes or No). If yes, please provide the	RPTA.
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compliant and implemented? (Indicate Yes or No). If yes, please provide the	
names of the persons who fulfill the role of Compliance Officer or prevention	
officer.	
Bribery Report / Whistleblowing Channel	
In the event of suspected bribery or unlawful behaviour, does your company	
have procedures for reporting suspected bribery or unlawful behaviour?	
If yes, please attach policy or procedure.	
Incident Investigation	
Does your company have procedures to deal with non-compliance issues?	
If yes, please attach the policy or procedure for investigating incidents or	
complaints regarding bribery.  Anti-bribery dissemination and training	
Does your company conduct periodic dissemination and training on the	
prevention model or anti-bribery management system?	
(Indicate Yes or No) If yes, please attach evidence of the training completed.	
Bribery or corruption case	
Has any case of corruption or bribery been reported in your company in the	



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last 3 years?	
If the answer is affirmative, what was the treatment for this?	
Comments:	
EXTERNAL AUDIT/CERTIFICATION	
Does your company have a prevention system or similar, audited externally	
and/or certified?	
Indicate YES or NO	
Compliance Management Systems , Application of Legislative Decree No.	
1352, among others. If the above answer is affirmative, indicate the scope of	
the same, the auditing entity and attach a copy of the most recent certificate	
or audit report.	
DECLARATION OF TRUTH	
Do you declare that all of the above information is accurate, current and	
complete?	
Do you agree to contact IPESA SAC immediately if any changes occur in the	
information you have provided?	
Signature: Legal representative and/or person responsible for the process	3
NOTE:	
NOTE:	
The Client received the SI Code of Ethics and Conduct	
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The Client received the Anti-Bribery Policy YES NO