

Appendix 2

Candidate Questionnaire

I. Candidate Information (Entities and Individuals)

1. **Candidate Name and Address**

Candidate's Legal Name: _____

Candidate's Trade Name: _____
(if different from Legal Name)

Candidate's Previous Legal Names: _____
(within the previous five years, if applicable)

Tax ID, Registration Number, or
country/region equivalent: _____
(for Organization)

Business Address: _____

Postal Code: _____
(if applicable)

Country/Region: _____

Website URL (if applicable): _____

2. **Point of Contact Information**

Name and title of point of contact at the Candidate (must be individual responsible for business relationship with Company secretarial or administrative employees may not be listed as a contact person):

Name: _____

Position/Title: _____

Year of Birth: _____

Country/Region of Residence: _____

Telephone Number: _____

E-mail Address: _____

3. Which of the following best describes Candidate (check one)?

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Publicly Traded Corporation |
| <input type="checkbox"/> Private Corporation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Partnership | |

4. Type(s) of Services to be Provided by Candidate (check **all** that apply):

- | | |
|---|---|
| <input type="checkbox"/> Agribusiness Support Services | <input type="checkbox"/> Consultants (Other) |
| <input type="checkbox"/> General/Supervising Construction Contractors | <input type="checkbox"/> Engineering & Architectural Services |
| <input type="checkbox"/> Maintenance Contractors | <input type="checkbox"/> Testing and Inspections |
| <input type="checkbox"/> Waste Management Services | <input type="checkbox"/> Advertising, Marketing, and Promotional Services |
| <input type="checkbox"/> Environmental Consultants and Services | <input type="checkbox"/> Utility Connection Services |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Water, Sewer, Gas, and Electrical Utilities and Metering/Utility Management Services |
| <input type="checkbox"/> Warehousing and Storage | <input type="checkbox"/> Accounting, Financial, and Insurance Services |
| <input type="checkbox"/> Freight Forwarders | <input type="checkbox"/> Pharmaceutical Services |
| <input type="checkbox"/> Customs Services | <input type="checkbox"/> Healthcare Services |
| <input type="checkbox"/> Government Relations/Lobbyists | <input type="checkbox"/> Food Safety Services |
| <input type="checkbox"/> Law Firms | <input type="checkbox"/> Travel and Visa Services |
| <input type="checkbox"/> Civil Law Notary | <input type="checkbox"/> Cafeterias and Catering |
| <input type="checkbox"/> Tax Lawyers, Tax Advocates, Tax Accountants, and Tax Consultants | <input type="checkbox"/> Security and Safety Providers, Consultants, and Schools |
| <input type="checkbox"/> Debt Collectors | <input type="checkbox"/> Labor-Related Services |
| <input type="checkbox"/> Real Estate Services | |

- ☐ Landlords/Property Owners
☐ Public Relations

- ☐ Licenses and Permits
☐ Other: _____

5. If more than one type of service is selected in response to Question No. 4, please indicate the type of service that most accurately describes the primary service to be provided by Candidate:

6. Date that Candidate was established (or if Candidate is an Individual, year of birth): _____
(mm-dd-yyyy or best information available)

7. List every country/region in which Candidate will provide services for the Company (attach list on a separate page, as needed):

8. Describe in detail (continue description on a separate page, as needed):

- (1) the specific activities that Candidate will perform for or on behalf of the Company; and
(2) the **nature** and **frequency** of any interactions with any Government Entity or Official in connection with the activities:

9. List all Government Entities and/or Officials that Candidate is expected to interact with in the course of providing services for or on behalf of the Company. If you are unable to identify such Government Entities or Officials, please contact your Company liaison before proceeding with this form.

10. Will Candidate hire any subcontractors to provide services for or on behalf of the Company in any of the countries/regions listed in response to No. 7 that may require the subcontractor to interact with any Government Entity or Official?

☐ YES ☐ NO

If **YES**, provide the following information for each such subcontractor (continue list on a separate page, as needed):

Subcontractor Name: _____

Is the Subcontractor an Individual or Organization?

☐ Individual ☐ Organization

Subcontractor Year of Birth (if Individual): _____

Tax ID, Registration Number, or country/region equivalent:
(for Organization)

Business Address:

Postal Code:

Country/Region:

Website URL (if applicable):

Telephone Number:

Services to Be Provided
(briefly describe):

Nature of Interaction with Government Entities / Officials
(briefly describe):

11. Will Candidate use any subsidiaries and/or related parties (e.g., partnerships, sister companies, joint ventures) to provide services for or on behalf of the Company in any of the countries/regions listed in response to No. 7 that will require interaction with a Government Entity or Official?

☐ YES ☐ NO

If **YES**, provide the following information for each such subsidiary and/or related party
(continue list on a separate page, as needed):

Subsidiary / Related Party Name:

Is the Subsidiary an Individual or
Organization?

☐ Individual

☐ Organization

Subsidiary / Related Party Year of Birth
(if Individual):

Tax ID, Registration Number, or country/region
equivalent:
(for Organization)

Business Address:

Postal Code (if applicable):

Country/Region:

Website URL (if applicable):

Candidate's Ownership Percentage:

Other Owners (and percentage of ownership):

12. Will any third parties, intermediaries, or other persons or entities not identified in Sections I.10-11 of this Questionnaire be involved in any transactions and/or provide any services for the Company in connection with Candidate's services that may require interaction with a Government Entity or Official?

☐ YES ☐ NO

If **YES**, provide the following information for each third party, intermediary, person, or entity
(continue list on a separate page, as needed):

Name of Third Party / Intermediary:

Is the Third Party / Intermediary an Individual
or Organization?

☐ Individual

☐ Organization

Year of Birth (if Individual):

Tax ID, Registration Number, or country/region
equivalent:
(for Organization)

Country/Region of Residence: _____

Nature and Extent of Involvement: _____

13. Identify any country/region in which Candidate's bank or financial institution will host Candidate's receipt of payment from the Company for services provided to or on behalf of the Company:

14. Indicate the method(s) by which the Candidate will receive payment (check one):

- ☐ Check
☐ Electronic Funds Transfer (EFT)
☐ Other

If **Other**, describe Candidate's method(s) of payment:

15. Are there any entities or individuals other than Candidate that will receive payment directly from the Company for services provided by Candidate?

- ☐ YES ☐ NO

If **YES**, provide the following information (continue list on a separate page, as needed):

Name of Individual or Entity: _____

Title (if applicable): _____

Is this an Individual or Organization? ☐ Individual ☐ Organization

Year of Birth (if Individual): _____

Tax ID, Registration Number, or country/region equivalent: _____
(for Organization)

Citizenship (if applicable): _____

Country/Region of Residence (if applicable): _____

16. Does Candidate make any facilitation payment or have specific policies or procedures that permit facilitation payments?

- ☐ YES ☐ NO

If **YES**, provide an explanation and/or a copy of your facilitation payment policies or procedures.

II. Candidate Personnel Information ("Key Persons")

1. For Candidates that are NOT publicly traded companies, list all owners, partners, or shareholders of Candidate (percentage should total 100%). For Candidates that ARE publicly traded companies, list the owners, partners, or shareholders that have five (5) percent or more of the voting rights or outstanding shares of any class of stock in Candidate.

Full Name of Individual or Entity: _____

Title (if applicable): _____

Is this an Individual or Organization? ☐ Individual ☐ Organization

Year of Birth (for Individual): _____

Citizenship: _____

Country/Region of Residence: _____
Ownership Percentage (%): _____

Full Name of Individual or Entity: _____
Title (if applicable): _____

Is this an Individual or Organization? ☐ Individual ☐ Organization

Year of Birth (for Individual): _____

Citizenship: _____

Country/Region of Residence: _____

Ownership Percentage (%): _____

Full Name of Individual or Entity: _____
Title (if applicable): _____

Is this an Individual or Organization? ☐ Individual ☐ Organization

Year of Birth (for Individual): _____

Citizenship: _____

Country/Region of Residence: _____

Ownership Percentage (%): _____

2. Does Candidate have a Board of Directors?

☐ YES ☐ NO

If **YES**, provide the following information for each member of the Board of Directors
(continue list on a separate page, as needed):

Full Name: _____
Title: _____
Year of Birth: _____
Citizenship: _____
Country/Region of Residence: _____

Full Name: _____
Title: _____
Year of Birth: _____
Citizenship: _____
Country/Region of Residence: _____

Full Name: _____
Title: _____
Year of Birth: _____
Citizenship: _____
Country/Region of Residence: _____

Full Name: _____
Title: _____
Year of Birth: _____

Citizenship: _____
Country/Region of Residence: _____

3. Who are Candidate's "key" people (e.g., partners, officers, senior managers, significant employees) who will have a significant role in providing services for or on behalf of the Company (continue list on a separate page, as needed)?

Full Name: _____
Title: _____
Year of Birth: _____
Citizenship: _____
Country/Region of Residence: _____

Full Name: _____
Title: _____
Year of Birth: _____
Citizenship: _____
Country/Region of Residence: _____

4. Will Candidate grant (or has Candidate granted) any powers of attorney to any individual who will interact with Government Entities or Officials in connection with the services that Candidate will provide for or on behalf of the Company?

☐ YES ☐ NO

If **YES**, provide the following information for each representative who has a power of attorney (attach additional information on a separate page, as needed):

Name of Grantee of Powers of Attorney: _____
Title: _____
Year of Birth: _____
Citizenship: _____
Country/Region of Residence: _____

5. Does any person or entity, including any Government Official or Entity, not listed in Sections II.1-4 have any management right or financial interest in Candidate's business?

☐ YES ☐ NO

If **YES**, identify all such persons and entities and describe the nature and extent of the management right or financial interest (attach additional information on a separate page, as needed):

Name of Person or Entity: _____
Is this an Individual or Organization? ☐ Individual ☐ Organization
Position / Title: _____
Tax ID, Registration Number, or country/region equivalent: (for Organization) _____
Year of Birth (for Individual): _____
Country/Region of Residence: _____

Nature and Extent of Management Right or Financial Interest (briefly describe):

6. Does Candidate or any Key Person listed in Sections II.1-5 have any relative (including, but not limited to, parent, child, sibling, or spouse) who is:

a) Employed or otherwise engaged in any capacity by any Government Entity? ☐ YES ☐ NO
b) Employed by or has duties to any political party or political campaign? ☐ YES ☐ NO

c) A candidate for any political office or position? ☐ YES ☐ NO

If **YES** to any of the above, provide the following information for each such Key Person and his/her relative(s) (continue list on a separate page, as needed):

Key Person's Name: _____
Relative's Name: _____
Relative's Position / Title (including Government Entity name): _____
Relative's Relationship to Key Person: _____
Relative's Country/Region of Residence: _____
Relative's Duties: _____

Key Person's Name: _____
Relative's Name: _____
Relative's Position / Title (including Government Entity name): _____
Relative's Relationship to Key Person: _____
Relative's Country/Region of Residence: _____
Relative's Duties: _____

7. Is any Key Person listed in Sections II.1-5 employed or otherwise engaged in any capacity by any Government Entity?

☐ YES ☐ NO

If **YES**, provide the following information for each such Key Person (continue list on a separate page, as needed):

Key Person's Name: _____
Key Person's Position / Title with Government Entity (including Government Entity name): _____
Key Person's Name: _____
Key Person's Position / Title with Government Entity (including Government Entity name): _____
Key Person's Name: _____
Key Person's Position / Title with Government Entity (including Government Entity name): _____

8. Has Candidate, its officers, or its executives ever been formally charged or convicted of any crime, including bribery or corruption related violations?

☐ YES ☐ NO

If **YES**, identify (1) the entity or person(s) formally charged or convicted, and (2) the crime involved (attach additional information on a separate page, as needed):

III. Candidate Certification

I hereby certify that I am authorized to sign this Questionnaire on behalf of Candidate, and that the information provided herein is true and complete. Candidate agrees to promptly notify the Company of any material changes to this information.

Candidate understands that the Company's Global Anti-Corruption Policy is available at <https://walmartethics.com>.

Candidate agrees that, if approved to provide services to the Company, Candidate will comply with all applicable anti-corruption laws.

Signature: _____

Name: _____
(printed)

Title: _____

Year of Birth: _____

Country/Region of Residence: _____

Employer: _____

Date: _____
(mm-dd-yyyy)

If you are Candidate's legal representative, attach a copy of the relevant Power of Attorney (or equivalent document) establishing your authority to act on Candidate's behalf.

IV. Application Consent

Before engaging any contractor or supplier, Walmart Inc., or its subsidiaries or affiliates ("**Walmart**"), conducts vendor due diligence involving the collection of information the specific purpose of which is to assess the risks associated with each potential contractor or supplier ("**Candidate**") and determine if such Candidate represents a risk of non-compliance with the United States Foreign Corrupt Practices Act, the UK Bribery Act and the anti-corruption laws applicable in the Candidate's jurisdiction. This vendor due diligence may include carrying out background searches on the Internet or other public sources of information, the accuracy of which we may not be able to confirm, regarding, to the extent permissible under applicable law, criminal or civil litigation or lawsuits, liens, judgments, debarments or other potentially derogatory information relating to the Candidate or to individuals connected with it for purposes of assessing the risk of non-compliance with applicable anti-corruption laws. **Other personal information collected may include name, address, year of birth, email address and phone number, and certain sensitive information such as criminal history, ethnicity or political affiliations.** Please know that this is our standard review and that nothing is implied by the nature of these questions. At the same time, a reputational review ultimately requires the application of judgment, in light of all available facts, many of which are provided to us on a confidential basis.

For the purposes of this vendor due diligence process, please be advised that the information that will be collected from you and other sources (i.e., by carrying out background searches on the Internet or other public sources of information, including, where permitted by applicable law, public data registries) will be collected and processed by Dun & Bradstreet, Inc., with registered business address at 103 John F. Kennedy Parkway, Short Hills, New Jersey, 07078 USA (hereinafter the "**Data Processor**"), acting in its exclusive capacity as representative and person in charge of processing such information on behalf of Walmart or the applicable Walmart affiliate in the Candidate's jurisdiction (hereinafter the "**Data Controller**", "**we**" or "**us**"), which shall be considered the entity responsible in connection with such information. Where required by applicable law, the in-country address of the Data Controller is provided below. The Data Processor and/or the Data Controller may retain the information they collect for a period of seven (7) years from the date that the Candidate is last retained by Walmart.

Data Controller / Data Controller's Affiliate:

Walmart Inc. - 702 SW 8th Street, Bentonville, Arkansas, 72716 USA

Data Processor:

Dun & Bradstreet, Inc.

This questionnaire is used for collecting information only for the purpose of conducting vendor due diligence on behalf of the Data Controller. The Data Controller and the Data Processor do NOT intend to collect, use, review, possess, control, hold or otherwise process any State secret (classified as secret or confidential by the government authorities or applicable laws) or any other kind of information that the Data Controller or Data Processor are not authorized to receive or process in accordance with this Application Consent Form (collectively, "Restricted Information"). Please do NOT provide any Restricted Information to us when you are answering this questionnaire. If you have disclosed Restricted Information as part of this questionnaire, please inform us immediately and the Data Processor will return or destroy such information in accordance with applicable laws. You will be responsible if you disclose Restricted Information to the Data Controller or the Data Processor. In no event shall the Data Controller or the Data Processor be liable for any direct or indirect damages or legal liability if you provide Restricted Information when using this questionnaire.

Furthermore, you shall indemnify the Data Controller and the Data Processor in full for any damages caused by your breach of the above undertakings.

By signing this Application Consent Form, you are giving your express consent to the collection, use and other processing (e.g., disclosure, transfer and transmission) of business and/or personal information, including information collected from third parties (e.g., by carrying out background searches on the Internet or other public sources of information), for the purposes described above and you are specifically agreeing to the terms of the privacy notice, which is either attached to this Application Consent Form or located at the bottom of the screen, and to participate in the review process. You are further agreeing to and acknowledging the following statements:

1. You confirm you have reviewed Walmart Privacy Notice.
2. You agree and consent to the terms of this Application Consent Form.

Your Full Name:

(By signing here, I consent to all of the above disclosures)

Your Year of Birth:

Your Country/Region of Residence:

Your Title:

Today's Date:
