



## Community Grants

Dear Sir, Madam,

Sanofi is committed to perform its activities in compliance with all applicable laws and regulations, including but not limited to anti-bribery and anti-corruption laws. Reputation and integrity of its business partners is key for Sanofi. The purpose of this questionnaire is to allow Sanofi to better know you and/or your Organisation in order to build a sustainable relationship that will preserve and enhance all parties reputation and integrity.

In this respect, below is a questionnaire to be completed, signed and return back to us as part of your application for a With Vaccines Community Grant (deadline 1st June).

After answering to the questions you will be asked to acknowledge a privacy notice about the collection, treatment and people's rights regarding personal data disclosed. In case you disagree with that privacy notice, be informed that Sanofi will not be able to proceed with your answers.

The fact that you are completing these forms should not be construed as commitment from Sanofi to engage you.

Should you have any question on the questionnaire, please contact the undersigned.

Best regards,

### Ben Seal

Communications Manager  
Australia & New Zealand  
+61 (0)422 003 068  
ben.seal@sanofi.com

*Below: Sanofi Data Privacy Note and Anti-Bribery Due diligence questionnaire*

You can refer to Sanofi Anti-Bribery Policy accessible at:

[https://www.sanofi.com/-/media/Project/One-Sanofi-Web/Websites/Global/Sanofi-COM/Home/common/docs/download-center/Anti\\_bribery\\_policy\\_Novembre\\_2017.pdf](https://www.sanofi.com/-/media/Project/One-Sanofi-Web/Websites/Global/Sanofi-COM/Home/common/docs/download-center/Anti_bribery_policy_Novembre_2017.pdf)



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## PRIVACY NOTICE

**SANOFI is committed to protect your personal data and your privacy and implements all relevant measures to ensure such protection, in accordance with applicable laws and the terms of its Global Privacy Policy accessible at: <https://www.sanofi.com/en/our-responsibility/sanofi-global-privacy-policy>.**

### **WHO IS RESPONSIBLE FOR YOUR DATA?**

The personal data is collected and processed under the control of SANOFI-AVENTIS GROUPE 54, rue La Boétie – 75008 Paris, France

### **WHY IS YOUR DATA COLLECTED/PROCESSED?**

In order to proceed with some due diligence on its Third Parties in compliance with anticorruption laws such as (but not limited to) the French Criminal Code and the French Law of December 9th 2017 on Transparency, the Fight Against Corruption and the Modernization of the Economy (The Sapin 2 Law) the U.S. Foreign Corrupt Practices Act (FCPA) and the U.K. Bribery Act (UKBA), before they perform services on behalf of Sanofi, Sanofi-Aventis Groupe need to process personal data about yourself, your management, Key Personnel, agents and other relevant individuals (the "Concerned Individuals").

This information will be collected through the questionnaire and through publicly available sources such as the internet.

### **HOW LONG YOUR DATA WILL BE RETAINED?**

The information collected will be processed for a 5-year period after the end of the business relationship or rejection of the rejection of the Third Party.

### **WHO WILL HAVE ACCES TO YOUR DATA?**

The information collected will be accessible by the entities of the SANOFI GROUP, which list is available at <https://www.sanofi.com/en/our-responsibility/sanofi-global-privacy-policy/list-of-sanofi-affiliates>, and more specifically by Sanofi's Ethics & Business Integrity, Procurement and IT departments. The information collected may be shared with external legal advisors, due diligence and IT service providers, subjected to strict contractual controls, who assist Sanofi in the processing of this information.

In any event, the information collected will be accessible only by Sanofi and external service provider(s) relevant personnel on a need to know basis and only for the purpose indicated above.

Sanofi may also disclose or share the information collected to comply with a legal obligation, to protect its rights, property or security.

### **INTERNATIONAL TRANSFERS**

SANOFI is a multinational Group. As such, Sanofi may need to transfer your personal data to entities of its Group or to third-party partners outside of the Sanofi Group. Such Sanofi or non-Sanofi entities may be located outside the Economic European Area, in countries where personal data legislation does not necessarily offer the same level of protection or in countries not recognized as offering an adequate level protection. In order to ensure an adequate level of protection of your data, those transfers are safeguarded in accordance with the requirements of the country of origin of such transfers, and notably Standard Contractual Clauses of the EU Commission

### **WHAT ARE MY RIGHTS CONCERNING MY PERSONAL DATA?**

In accordance with the rights granted to you, and the Concerned Individuals by law, you may be entitled to:

- access by simple request to your personal data – in which case you may request to receive a copy of your personal data, unless such personal data is made available to you directly.
- request a rectification of your personal data if such is inaccurate, incomplete or obsolete.
- obtain the deletion of your personal data in the specific cases provided for by law.
- obtain a limitation of the processing of your data in the specific cases provided for by law.
- if applicable, receive your data in a standard format for transmission to another controller.
- to lodge a complaint with your data protection authority:

### **HOW TO EXERCISE YOUR RIGHTS?**

To exercise your rights as set out above, or for any other queries concerning Personal Data, please go to <https://www.sanofi.com/en/our-responsibility/sanofi-global-privacy-policy/contact/general-data-protection-form>.

### **COUNTRY-SPECIFIC INFORMATION:**

In accordance with French Data Protection Law, you have the right to send to us your instructions as to the management of your personal data regarding their retention, deletion and communication.

### **COMMITMENT**

You, as a representative of the Third Party, (i) agree to provide information in the questionnaire in compliance with applicable data protection laws, (ii) certify that you have appropriate permission from Concerned Individuals to provide such information, (iii) agree to furnish a copy of this privacy notice to the Concerned Individuals, and (iv) agree that Sanofi will not be held responsible for any loss or harm that may arise as a result of your failure to comply with items (i) to (iii) above.



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## Anti-Bribery Due Diligence Questionnaire

All questions must be completed or a written response of "non applicable" must be indicated.

### I. Information on the Organisation and its activities

Full legal name:

If applicable, any other company /  
individual name(s) under which the  
Organisation does business:

Registration Number and/or Tax ID:

Street address of Legal Entity:

City of Legal Entity:

State/province of Legal Entity:

Country of Legal Entity:

Postal code of Legal Entity:

Telephone number:

Website (if any):

E-mail of the contact person:

How long has your  
Organisation existed?

Less than 1 year

More than 1 year

Other country(ies) of business:

Please provide the name(s) of  
owner(s), principals and/or board  
members of your Organisation:

Owner(s): attach a separate sheet identifying names and  
percentage ownership (%) Country of Nationality  
Principals/board members: attach a separate sheet identifying  
names and title

Related entities: If your  
organisation is a subsidiary,  
please list the name and address  
of your parent Organisation:

Please confirm that you have all the  
registrations and licenses required  
to operate: a valid registration  
number, registered charity number  
or equivalent?

Yes

No

If yes, please provide the registration certificate/number

Do you have a code of ethics/  
conduct and/or anti-bribery policy or  
a similar code of conduct?

Yes No

If yes, please provide a copy

Does any government, state-owned  
or state-controlled entity (National  
or International) have any ownership  
of or financial interest in or control  
over your business?

Yes No

If yes, please provide a general description

Does your Organisation deliver  
a monopoly service or public  
services under the terms of a  
commercial government contract or  
a government grant?

Yes No

If yes, please provide a general description

Does your Organisation have an  
advisory role enabling influence  
in pricing, formulary status,  
reimbursement, approval,  
registration permits, authorisation or  
purchasing Sanofi products and/or  
Sanofi assets or business?

Yes No

If yes, please provide a general description

Does any of your director/leader/  
founder<sup>1</sup> or their relatives<sup>2</sup>:

– work or have worked, for the past  
2 years, for the government, state-  
owned or state-controlled entity  
(National or International)?

Yes No

If yes, please provide a general description (e.g., dates, titles, and details)

– hold or have held, for the  
past 2 years, a position or  
advisory role enabling influence  
in pricing, reimbursement,  
approval, registration or  
purchasing Sanofi products?

Yes No

If yes, please provide a general description (e.g., dates, titles, and details)

– hold or have held, for the  
past 2 years, a position or  
advisory role enabling influence  
in pricing, reimbursement,  
approval, registration or  
purchasing Sanofi products?

Yes No

If yes, please provide a general description (e.g., dates, titles, and details)

Do you expect to use any third party  
to perform the required work when  
interacting with Sanofi?

Yes No

If yes, please provide a general description

If yes, do those third party(ies)  
have advisory role enabling  
influence in pricing, formulary  
status, reimbursement, approval,  
registration permits, authorization or  
purchasing Sanofi products and/or  
Sanofi assets or business?

Yes No

If yes, please provide a general description of the entity and the  
type of activity


<sup>1</sup>"Director/leader/founder": means any individual involved in a decision-making process which may have an impact on Sanofi business in a substantive, measurable way, whether or not they request salaries or compensation such as Administrators, Executive Directors / Board of Directors, Founders and Owners".

<sup>2</sup>"Relatives": mean family members or others with whom they are personally or professionally close.

I hereby certify:

- That I am a duly authorized representative of the Organisation named below.
- That the information I have provided is true and complete to the best of my knowledge and that I've omitted no information that would have been of any relevance for Sanofi in the frame of this due diligence.
- That in connection with the Organisation's business with Sanofi, no officer, director, owner, agent or representative of the Organisation has given or will give or attempt to give anything of value to any government official or public official, political party or candidate for Political Office, or any other Healthcare Professional or individual or entity, directly or indirectly to obtain or retain business or gaining any improper advantage.

Signature:



Click on the 'Fill and Sign' icon in the toolbar, and follow the prompts to add your digital signature

Date:

DD / MM / YYYY

If you are not familiar with e-signatures then you can still email the completed form to use at [CommunityGrants@sanofi.com](mailto:CommunityGrants@sanofi.com) and we can help you complete a signed copy.

Type or printed name:

Title:

Organisation name:

Address:

 [RESET](#)  [PRINT](#)

Please direct any queries via email to: [CommunityGrants@sanofi.com](mailto:CommunityGrants@sanofi.com)

**sanofi**