

HANDELS COMPLIANCE / **TRADE COMPLIANCE****Representative Questionnaire**Nummer: : QSA-26-02-005  
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The information given by you will remain confidential and only be used by the GLOCK Group, including its parents, affiliates and subsidiaries, to evaluate a possible business cooperation and/or to check references.

**1. General Information**

Company Name:				
Registered office address(es):				
Telephone:		Mobile Phone:		
Fax:		E-Mail-Adress:		
Website:				
Social Media Profiles:				
Legal Form (circle one):	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
If "Other", specify:				
Countries of registration:				

## 2. Background Information

### 2.1. Ownership/Directors/Management – Background

#### Ultimate Beneficial Owners/Principles

(Ownership percentages must total 100%. For publicly traded companies, shareholders holding more than 5 % must be listed separately, but shareholders holding only publicly issued shares representing less than 5 % may be listed as a group.)

Ownership in %		Name:	
Ownership in %		Name:	
Ownership in %		Name:	
Ownership in %		Name:	
Ownership in %		Name:	
Ownership in %		Name:	

Subsidiary Companies	<input type="checkbox"/> yes	<input type="checkbox"/> n/a
If “Yes”, specify:		

Jointly Owned Companies	<input type="checkbox"/> yes	<input type="checkbox"/> n/a
If “Yes”, specify:		

#### Ownership of Parent Company(ies)

For any companies/business entities listed above, please provide information on each such parent company, up through as many corporate layers as necessary, until individuals or government entities owning a total of 100 % of each parent company are identified. Please do so on a separate sheet of paper for each parent company, and **attach** those separate sheets to this Questionnaire.

## Board of Directors

Name:	
Name:	
Name:	
Name:	
Name:	
Name:	

## Management Information

Chairman/President:	
Managing Director:	
Sales Director:	

List any employees other than those identified as “Management” who actively contribute to sales of defense products, along with their titles and responsibilities:

Name:	
Name:	
Name:	
Name:	

Briefly describe the experience and qualifications of the management and other key personnel of your business and how this relates to this position.

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## 2.2. Economic Background

What are the primary areas of the company's business activities?


How many years has the company been in business in general?

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How long has the company been involved in the business of the sale or negotiation of pistols, firearms or other defense products?

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Percentage of your time which will be devoted to this project:

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Financial years turnover (of the last 3 years)

Year:		Turnover:	
Year:		Turnover:	
Year:		Turnover:	

Geographic territory(ies) covered (please list specific regions, countries and states):


List separate markets and businesses you reach in order of importance, and please give comments:

(1) Market:	
Comments:	
(2) Market:	
Comments:	
(3) Market:	
Comments:	

Please tell us about manufacturers you currently represent:

Manufacturer (name and address)	Number of years represented	Type of product	Sales in € (past 3 years)
(1)			€
(2)			€
(3)			€
(4)			€
(5)			€

Business References: (name / Telephone)

(a)	
(b)	
(c)	

Banking/Credit References:

(a)	
(b)	
(c)	

Name and address of bank(s) and account used for the transactions contemplated herein:


### 2.3. Compliance Background

Does any government, governmental agency or instrumentality, government-owned or government-controlled company, public international organization or political party have an ownership interest, direct or indirect, in your company?

<input type="checkbox"/> yes	<input type="checkbox"/> no
If "Yes", please provide details:	

Does any current or former governmental official, political party official, candidate for public office, or relative of such a person, have an ownership interest, direct or indirect, in your company?

<input type="checkbox"/> yes	<input type="checkbox"/> no
If "Yes", please provide details (incl. name, title, official responsibilities of each such official or candidate, and family relationship where applicable):	

Is any former or current government official, political party official, candidate for political office, or relative of such a person, an employee, officer or director of your company?

<input type="checkbox"/> yes	<input type="checkbox"/> no
If "Yes", please provide details (incl. name, title, official responsibilities of each such official or candidate, and family relationship where applicable):	

Other than the relationships described in (a) through (c) above, is there any benefit that a government or political party official or political candidate could gain as a result of our proposed engagement of your company?

☐ yes☐ no

If "Yes", please provide details:

Has the company, or any of its current or former subsidiaries or jointly owned companies, including any owners, directors, officers, or shareholders, ever been the subject of any investigations, criminal resolutions, non-prosecution agreements, and/or deferred prosecution agreements by any government agencies?

☐ yes☐ no

If "Yes", please provide details (incl. name, title, official responsibilities of each such company and/or individual, as well as the respective outcomes where applicable):

Do you have a proper set-up to comply with Sanction & Embargo regulations?

☐ yes☐ no

Please give a short description:

Do you have an alerting system for handling and reporting the results of Sanction & Embargo checks?

☐ yes☐ no

Please give a short description:

Do you train your employees on ethical business practices?

☐ yes☐ no

By signing this document, I hereby certify that the information provided is accurate and truthful to the best of my ability.

Further, I hereby certify that if selected as a representative of the GLOCK Group, neither I nor my company will engage in any activities or actions in furtherance of an unlawful offer, promise or payment to a public official and will not take any act that would cause the GLOCK Group or its parents, affiliates and/or subsidiaries to be in violation, of the Austrian Penal Code, the Foreign Corruption Practices Act of the United States, the UK Bribery Act or any anti- bribery or anti-corruption law or applicable local laws of any other territory, province, state or jurisdiction where I conduct business on behalf of the GLOCK Group.

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WITNESS

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SIGNATURE

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NAME

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NAME AND TITLE

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DATE

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DATE

### 3. Checklist

#### 3.1. Documents to be provided:

- Company and commercial register extract
- Weapons trading license
- Representative Certification
- Representative Questionnaire
- ID/Passport of Managing Board
- Business References

All of the above are mandatory for a new business partnership. The Business References are only required for a new business partnership.

For the annual review, the ID/Passport of the Managing Board have to be provided in the event of any changes.

- End User Certificate

An EUC has to be provided in case of a specific order.