

ANTI-BRIBERY AND CORRUPTION POLICY ACKNOWLEDGMENT FORM

To: [Company Name] Compliance Department

From: [Employee/Contractor Name]

Employee ID: [ID Number]

Date: [Date]

Acknowledgment and Agreement

I hereby acknowledge that I have received, read, and understood the [Company Name] Anti-Bribery and Corruption Policy (the "Policy").

By signing this document, I confirm and agree to the following:

- I will fully comply with all provisions set forth in the Policy.
- I understand that [Company Name] has a zero-tolerance approach toward bribery and corruption.
- I will not offer, give, solicit, or accept any bribes, kickbacks, or improper payments in any form.
- I will report any suspected violations of this Policy through the official reporting channels provided by the Company.
- I understand that any violation of this Policy may result in disciplinary action, up to and including termination of employment or contract, and potential legal proceedings.

Signature

Full Printed Name

Department/Position