



DECLARATION ON PROVISION OF GIFT & HOSPITALITY TO 3RD PARTIES

THE GIFT		
Description:		
Estimated Value:		
Purpose/Occasion surrounding the Gift:		
THE RECIPIENT OF THE GIFT		
Recipients Name & Designation:		
Organisation (name, address, and phone number):		
Does the organisation have any relationship with Duopharma Biotech's Businesses? Yes / No . If Yes , please specify.		
Is the gift/ hospitality prohibited by law or the recipient company's regulations? Yes / No		
Has the recipient received other gifts/ hospitality from the same gift-provider within the past 6 months? Yes / No		
Would the gift/ hospitality bring in discomfort or embarrassment to the recipient? Yes / No		
Does the gift/ hospitality giving create an obligation within the business relationship? Yes / No		
YOUR DETAILS		
Name:	Signature / Date:	Business Unit:
HEAD OF DEPARTMENT		
Name:	Signature / Date:	Business Unit:
GROUP RISK MANAGEMENT & INTEGRITY		
Signature:	Date:	Remarks: