External Due Diligence Questionnaire

Example of accompanying letter to be sent with the due diligence questionnaire to the potential beneficiary of a Donation or Other Contributions (the Potential Recipient)

DIABETESFORENINGEN
Søren Biune
Toldbodgade 33 1 sal, 1253 København K
22. February 2017

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 partners are key priorities for Sanofi.

In this respect, we kindly ask you to fill in and to sign the attached questionnaire and Privacy note.

The fact that you are completing this questionnaire should not be construed as commitment from Sanofi to engage with you in any form of relationship nor providing your organization with any contribution.

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

Best regards,

Anders Herbild
Senior Brand Manager
Sanofi-aventis A/S,

Attached: Due diligence questionnaire and Sanofi Data Privacy Note

You can refer to Sanofi Anti-Bribery Policy which is available here:
EXTERNAL QUESTIONNAIRE

DUE DILIGENCE QUESTIONNAIRE TO BE FILLED IN BY THE POTENTIAL RECIPIENT
of a Donation or Other Contribution

For the purpose of this questionnaire, Project means the activity contemplated by the Potential Recipient and to the performance of which Sanofi could contribute (through a Donation or another Contribution).

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

In the event you have already filled in this questionnaire for another project within the 12 previous months, please fill in only the section(s) to be modified in case of any change compared to the initial questionnaire.

<table>
<thead>
<tr>
<th>I. Project overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of the Project:</td>
</tr>
<tr>
<td>Diabetesforeningens Landsindsamling 2017 and TDWCM 2017</td>
</tr>
<tr>
<td>Objectives:</td>
</tr>
<tr>
<td>Total cost of the Project: 40,000,- + 12,000,- DKK</td>
</tr>
<tr>
<td>Detailed Project budget:</td>
</tr>
<tr>
<td>Contribution □ requested to Sanofi</td>
</tr>
<tr>
<td>□ proposed by Sanofi</td>
</tr>
<tr>
<td>Other funding sources of the Project:</td>
</tr>
<tr>
<td>Other partners of the Project (i.e. other associations or organizations, other pharma companies (including government, any department, agency or instrumentality of a government - including a government-controlled enterprise and Health authorities), involved in Recipient countries (or will they be involved) in the project? Please give details of the history of relations between the Potential Recipient and the other partners):</td>
</tr>
<tr>
<td>Projected results and outcome expected by the Potential Recipient:</td>
</tr>
<tr>
<td>At etablere 2 motionccykeldhold i Region Hovedstaden, som deltager i danske motionsløb samt turen til München i september.</td>
</tr>
</tbody>
</table>
II. History of partnership with Sanofi and its affiliates

Please say whether Sanofi or any Sanofi affiliate and your organization have already been partners over the past 3 years (year, projects, length, department(s) concerned etc.):

- 2014: Sanofi har sponsøreret Landindsamlingen 25.000 kr.
- 2015: Sanofi har ikke sponsøreret DBF.
- 2016: Sanofi har sponsøreret TDWCM med 10.000 kr.

Have you already filled in this questionnaire for another project within the 12 previous months?

- No
- Yes. If yes, provide the name of the Sanofi person to whom this questionnaire has been sent.

III. Information on the Potential Recipient organization and its activities

<table>
<thead>
<tr>
<th>Full legal name:</th>
<th>Diabetesforeningen</th>
</tr>
</thead>
<tbody>
<tr>
<td>If applicable, any other company / individual name(s) under which the Potential Recipient does business:</td>
<td></td>
</tr>
<tr>
<td>Street address:</td>
<td>Rytterkassen 1</td>
</tr>
<tr>
<td>City:</td>
<td>Odense</td>
</tr>
<tr>
<td>State/province:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td>Denmark</td>
</tr>
<tr>
<td>Postal code:</td>
<td>5000 Odense C.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0045+66129006</td>
</tr>
<tr>
<td>Website (if any):</td>
<td><a href="http://www.diabetes.dk">www.diabetes.dk</a></td>
</tr>
<tr>
<td>E-mail of the contact person:</td>
<td><a href="mailto:sb@diabetes.dk">sb@diabetes.dk</a></td>
</tr>
<tr>
<td>Provide registration number or registered charity number or equivalent and validity period of the Potential Recipient and a copy of the registration</td>
<td>CVR-numer: 35 231528</td>
</tr>
<tr>
<td>Bank information: Provide names and address of bank used by the Potential Recipient organization to perform the Project</td>
<td>Danske Bank A/S Flakhaven 1 5100 Odense C Denmark</td>
</tr>
<tr>
<td>Main activities of the Potential Recipient organization:</td>
<td>Our Vision is: Helping people with diabetes to a better life – and a future without diabetes.</td>
</tr>
<tr>
<td>OPTIONAL - If applicable &amp; publicly available: size of the business. Please provide annual turnover of the Potential Recipient for the last 3 years</td>
<td>Årsberetningen for de seneste 3 år er offentlig tilgængelig på <a href="http://www.diabetes.dk">www.diabetes.dk</a> under om os-om Diabetesforeningen.</td>
</tr>
</tbody>
</table>
### Past Years (Please State the Currency)

When carrying out its activities, is the Potential Recipient organization having partnerships with government entity (ies) with transfer of value (money, in kind including expertise...).

- **No**
- **Yes. If yes, please identify the government entity (ies) and the nature of your partnerships with them.**

  90% of the Danish Diabetes Associations income is based on fundraising initiatives from members, donors, sponsorships, advertising in our magazines etc. The organization hold app. 10% of our annual income from the National State Lottery/Danske Spil Tips- og Lotterier, and Bladpuljen as a compensation for VAT in relation to producing and sending out our membership magazine four times a year.

### Is the Potential Recipient Organization:

- A government or a department, agency, or institution of a government?
- Government-owned or controlled?
- A public international or national organization?

- **No**
- **Yes. If yes, provide further details**

### Are Any of the Potential Recipient Organization Management Staff Members a Government Official or Directly Related to a Government Official?

- **No**
- **Yes. If yes, for each individual, list:**

  - Position/status of the management staff member in the Potential Recipient organization
  
  - Does the Management staff member have authority to make or influence decisions or recommendations regarding:
    - Pricing of Sanofi products.
    - Formulary status of Sanofi products.
    - Reimbursement of Sanofi products.
    - Purchase of Sanofi product for companies, institutions, etc. (ex: WHO).
    - Approval or registration permits or authorization related to a Sanofi product.
    - Any other registrations,
permit, authorizations related to the Sanofi business interest.

☐ Healthcare policies or influence healthcare policy decisions or advise the government.

X None of the above.

☐ Other: describe

Has the Potential Recipient or any of its Management Staff member ever been accused of, or been interviewed, subpoenaed, deposed, etc. in connection with litigation or an investigation involving violations of anti-corruption laws, within the past 5 years?

X No

☐ Yes. If yes, provide further details

### III. Contact person for Sanofi

Name:

If the person managing the Project is different, please provide details (name, role, phone, email...)

First Name:

Role in Potential Recipient's organization:

Phone:

Email:

### V. List of attached documents
I hereby certify:

- That I am a duly authorized representative of the Potential Recipient organization named below.
- That the information I have provided is true and complete to the best of my knowledge.
- That in connection with the performance of the Project with Sanofi, no officer, director, owner, agent or representative of my organization has given or will give or attempt to give anything of value to a Government Official, directly or indirectly for the purpose of obtaining or retaining business or gaining any improper advantage for Sanofi.
- That the contribution which could be provided by Sanofi shall be used only for the performance of the Project, in accordance with any contract entered into between my organization and Sanofi and any applicable laws and regulations.

Signature [Signature] Date 24th February 2017

Typed or printed name Søren Blune

Title Director – Marketing & Fundraising

Potential Recipient organization name Diabetesforeningen/Danish Diabetes Association

Address Rytterkaserne 1, 5000 Odense C.
**PRIVACY NOTICE**

To be signed by the Potential Recipient

In order for Sanofi to proceed with some due diligence on Potential Recipients, before providing any Donation or Other Contribution, Sanofi needs to process some personal information about yourself, your management, key staff, agents and other relevant individuals (the "Concerned Individuals"). This information will be collected through the following questionnaire and through publicly available sources such as internet. You, as a representative of a Potential Recipient, (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.

Sanofi may share the information processed with legal advisors, due diligence providers in any country outside the Concerned Individual's country of residence, whose laws protecting personal information may not be equivalent to those in the Concerned individual's own country, and as required by applicable laws, court orders, or pursuant to a valid request of a governmental agency. Concerned Individuals have a right of access to personal information related to them and held by Sanofi. They also have the right to ask for this information to be rectified or deleted. Concerned Individual who wishes to exercise such rights should contact the Sanofi person identified in the General Information - Contact Persons section of the questionnaire.

<table>
<thead>
<tr>
<th>Placeholder for local privacy language to be inserted by the Sanofi local affiliate, if applicable.</th>
</tr>
</thead>
</table>

The signatory hereby confirms having acknowledged and accepted the above notice.

Typed or printed name  Søren Biune

Title Director – Marketing & Fundraising  Company Diabetesforeningen

Signature  

Date  28/1/2015
DEFINITIONS

"Government Official", based on the Sanofi Anti-Bribery Policy, means:

- any officer or employee (including any person nominated or appointed to be an officer or employee) of a government or any department, agency, or instrumentality of a government (including a government-controlled enterprise);
- any person acting in an official capacity on behalf of a government or any department, agency, or instrumentality of a government;
- any officer or employee of a public international organization, such as the World Bank or the United Nations;
- any officer or employee of a political party or any person acting in an official capacity on behalf of a political party; and/or
- any candidate for political office.

This definition includes government employees and public officials for the purpose of the Global Policy "Donations and Other Contributions to Organizations".