**Self-evaluation questionnaire for anti-bribery management systems**

(Annex to the Application for certification)

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| GENERAL INFORMATION | | | | | |
| Organization: | | | | | |
| Contact person for the audit | | Name: | | | |
| Phone: | | | |
| Management representative for anti-bribery MS | | Name: | | | |
| Phone: | | | |
| *The organization has been involved in corruption investigations over the last 5 years?* | Yes |  | No | |  |
| If YES, please detail:  ........................ | | | | | |
| *The organization receives public contributions, funds, or other national or international funding in proportion of:*  *-* *under 30% of its own revenues*  *-* *over 30% of its own revenues* | Yes |  | No | |  |
| If YES, please detail:  ........................ | | | | | |
| *The organization receives from public entities and companies or international institutions any form of financial contribution, including funds from the fulfillment of public contracts, which exceed 30% of their income?* | Yes |  | No | |  |
| If YES, please detail:  ........................ | | | | | |
| *Is the organization listed on the Stock exchange?* | Yes |  | No | |  |
| *The organization is part of the public administration or organization that, according to the law, applies measures to prevent and control corruption?* | Yes |  | No | |  |
| If YES, please detail:  ........................ | | | | | |
| *Do you have secondary locations in countries with CPI (Corruption Perception Index, published by Transparency International)?*  *-lower than 50*  *-over 50* | Yes |  | No |  | |
| If YES, please detail:  ........................ | | | | | |
| *Do you have a low number of staff, but the organization has very high incomes?* | Yes |  | No |  | |
| If YES, please detail:  ........................ | | | | | |
| *Please detail the list of processes / activities relevant to the anti-bribery management system:* | | | | | |

In case it is considered necessary CERTIND can request for supplementary information regarding the management system.

CERTIND is bound to confidentiality over the information provided by the organization.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised representative (name, signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_