

Annex 1

Gifts and Hospitality Declaration Form

This form must be filled out and signed and submitted to your local compliance officer, or in the event of an approval threshold exceeding situation, to the Chief Compliance Officer to e-mail [mh@hesinternational.eu].

Name employee:		Signature:
Job title:		
Date:		

APPROVAL THRESHOLDS		
Non Public Official		Public Official
< EUR 100 or < EUR 400 aggregate p.p.p.y.	No prior written approval required	> EUR 25 or > EUR 100 aggregate p.p.p.y.
> EUR 100 or > EUR 400 aggregate p.p.p.y.	Prior written approval by Chief Compliance Officer required	Prior written approval by Chief Compliance Officer required
<i>p.p.p.y. = per person per year</i>		

DECLARATION	
Details of gift / entertainment / hospitality / meal / travel	
<i>Brief description of item:</i>	
<i>Reason for gift or hospitality:</i>	
<i>Value of item:</i>	
<i>Date on which it was or will be provided:</i>	
<i>Location where provided:</i>	
<i>Additional information for consideration</i>	
<i>Evidence of written pre-approval (where necessary)</i>	

Details of provider and receiver	
<i>Name of person and/or company providing the gift or hospitality:</i>	
<i>Name of person and/or company receiving the gift or hospitality:</i>	
<i>Has the provider or recipient provided you/HES, or received from you/HES any other gift / entertainment / hospitality / meal / travel in the previous 12 months?</i>	
<i>Relationship:</i>	

APPROVAL		
Date:		Signature:
Name:		