

## **ANNEX C**

## **RECOMMENDATION FORM**

This form must be filled in and submitted to the Chief Compliance Officer (compliance@hesinternational.eu). A copy must be sent to your local compliance officer.

Name employee:			Signature:		
Job title:					
Date:					
Recommendation Form					
Sanctions Screening					
Sanctions screening	☐ No Match	□ No Match			
results	☐ Initial Fals	☐ Initial False Positive, ultimate No Match			
Risk Assessment					
Risk Rating:					
Copy of completed R	isk 🗆 YES		NO		
Assessment attached	<b>d</b> :				
Description rationale	2	·			
resolved Red Flags:					
Unresolved Red Flags	s:				
Any information					
regarding the Third P					
that is of relevance d	luring				



the Engagement						
Procedure:						
Recommendation:						
Mitigation Steps	Mitigation Steps					
Mitigation Steps to be						
implemented						
Implementation Mitigat	tion					
Steps						
Any relevant document	s:					
Approval sign off						
Description and						
substantiation approval						
αρριοναι						
Name employee:				Signature:		
Job title:	Chief C	Compliance Officer				
Date:						