

2022 COMMERCIAL INTERMEDIARY ACTIVITY REPORT

FOR THE PERIOD: Choose an item. (the “Reporting Period”)

TO: TECHNIPFMC (“Company”), ATTN: \_\_\_\_\_

FROM: \_\_\_\_\_ (“Commercial Intermediary”)

Prepared by: \_\_\_\_\_(Name/Title)

DATE: \_\_\_\_\_Type of Relationship: Choose an item.

- Instructions to the Commercial Intermediary:**
- Insert your own letterhead into this template.
  - Complete this Activity Report twice per year, one covering the first half of the year (January – June) and one covering the second half of the year (July – December).
  - Submit each completed Activity Report to the Business Sponsor covering the topics in this Form within two (2) months of the end of the period (i.e. by 31 August for the first report and by 28 February for the second).
  - When reporting communications, events, and meetings, include details such as the dates, descriptions, attendees (or recipients/authors), locations, and a brief summary of subjects or proposals discussed.
  - Identify any Government Officials<sup>i</sup> with whom you had contact on behalf of Company, including a description of the nature and date of contact, means of communication (i.e. in-person or video teleconference or phone call with the approximate duration...or email, WhatsApp, SMS/Text message, etc), subject matter, outcome, and other relevant information that will provide a general overview and context for such communications.
  - Complete the certification attached as Annex “A” to this Activity Report

**\*\*\* Once this Activity Report is returned to Company, Company’s Business Sponsor will review and complete the acknowledgement at the bottom of this form.**

**\*\*\* For purposes of this Activity Report, “Government Official” means and includes any: (a) employee, official, contractor, consultant or representative of a government (at any level of government or within any branch or agency) or a state-owned or controlled enterprise, including all employees of any national oil company, (b) person acting in an official capacity for or on behalf of a government or government official, (c) political party, party officer, employee or person acting in an official capacity for or on behalf of a political party or candidate for public office, (d) person in the service of a government, including members of the military, police or civil service, or (e) employee or person acting for or on behalf of a public international organization.**

REMINDERS:

1. You are required to comply with Company’s Standards with respect to any Gifts, Hospitality, Third-Party Travel, (“GHT”) Social Donations, Sponsorships and Charitable Contributions (“SDSCC”) provided in the ordinary course of promoting our business.
  - a. You must maintain a log/register of all GHT & SDSCC provided in the ordinary course of promoting our business, *no matter the amount. For example, even GHT offered or received under the equivalent of \$50 USD must be recorded.*
  - b. Your log/register must include at least the following details: date of event, name of recipient, organization of the recipient, type of G/H/T or SD/S/CC and the business purpose.
2. You must retain all communications, including emails, with key targets that are related to or helped you with your activities on behalf of the Company or in connection with your Agreement, including communications with Government Officials, licenses, permits, or other approvals received or notices of declination, and if requested by Company, you must produce such documents and any other Records (as defined in your Agreement with the Company) requested for Company’s inspection, inquiry, and/or audit.

Reporting topics	Comments
Describe the services Commercial Intermediary provided on behalf of Company during the Reporting Period, in relation to what customer(s), whether existing or prospective.	
List all countries in which Commercial Intermediary performed services for TechnipFMC during the term of this Activity Report.	

<div>If Project-specific work was performed, provide:<ul style="list-style-type: none"><li>Name of Project(s)</li><li>Description of Project(s)</li><li>Current Status and milestone(s) accomplished</li><li>Next milestone(s)</li></ul></div>				
<div>Did Commercial Intermediary use any customs brokers (“CB”) or freight forwarders (“FF”) as part of its work for TechnipFMC? If so, answer the below.</div>				
CB/FF Used by CI	Country(ies) Where CB/FF was Used	CB or FF	Import	Export
		Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
		Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
		Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
		Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
		Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
		Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
		Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
		Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
<div>Did Commercial Intermediary engage in any activity that involves government approvals, such as licensing or permitting? <b>If so, describe.</b></div>				
<div>Separate from the services in the first question above, summarize any other marketing or promotional activities that Commercial Intermediary performed during the Reporting Period.</div>				
<div>Separate from the services in the first question above, describe any bid/tender activity that Commercial Intermediary engaged in relating to Company’s business.</div>				
<div>Separate from the services in the first question above, summarize any other interactions that Commercial Intermediary had with <i>Government Officials</i> relating to Company’s business. <i>*Please reference the definition of Government Official at the beginning of this Activity Report</i></div>				
<div>Has Commercial Intermediary given or received any GHT &amp; SDSCC in the ordinary course of promoting Company’s business? <b>If so, please answer ‘Yes’ here and complete Annex “B” of this Activity Report.</b></div>				
<div>Describe any wins during this Reporting Period. <i>Attach copies of communications, including emails, with key targets that are related to or helped you achieve these wins</i></div>				

Describe any losses during this Reporting Period.	
Summarize Commercial Intermediary’s goals/forecasts for the next activity reporting period.	
Is Commercial Intermediary aware of any potential “red flags” or compliance risk warning signs associated with the performance by you and your business or related to our relationship? Is Commercial Intermediary aware of any deviations from its agreement with TechnipFMC?  <i>Include any resolved potential red flags or compliance risk warning signs, including a description of actions to resolve your concerns/ the red flag(s).</i>  <i>If any potential red flags are not resolved, describe actions you are taking to investigate, mitigate or resolve them.</i>	
Please provide any additional thoughts, observations, market intelligence, or other relevant information in Commercial Intermediary’s possession.	

I hereby certify that the information provided in this Activity Report is true and complete to the best of my knowledge.

COMMERCIAL INTERMEDIARY: \_\_\_\_\_

By: \_\_\_\_\_ Printed Name & Title: \_\_\_\_\_  
Signature

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**BUSINESS SPONSOR ACKNOWLEDGEMENT OF RECEIPT AND REVIEW:**

Business Sponsor’s Name: \_\_\_\_\_

Date this Activity Report is **Received** by Business Sponsor: \_\_\_\_\_

Date Activity Report is **Reviewed** by Business Sponsor: \_\_\_\_\_

Any concerns to be brought to the attention of Compliance? \_\_\_\_\_ (Yes/No). If Yes, then immediately contact the applicable Regional Compliance Counsel and/or Legal Director, Anti-Bribery and Corruption to discuss.  
Initial and date here to confirm you have done so: \_\_\_\_\_ (Initials) \_\_\_\_\_ (Date)

I, on behalf of Commercial Intermediary, acknowledge that Commercial Intermediary is subject to TechnipFMC's Due Diligence and Performance Review processes, and I certify that the information Commercial Intermediary has provided and will provide to TechnipFMC in connection with those processes has been and still is accurate and complete, with the exception of any expressly identified **x** below.

I further represent, warrant, and certify to TechnipFMC that, since signing/submitting Commercial Intermediary's responses to TechnipFMC's Questionnaire(s) and Commercial Intermediary's most recent Declaration of Compliance, as well as Commercial Intermediary's most recent Certification/Recertification (if any), all of the information, representations, warranties and certifications provided therein remain true, correct and complete, and, in particular:

- (a) There have been no changes made to Commercial Intermediary's ownership or shareholding structure, management or governance;
- (b) There have been no changes regarding the involvement of Government Officials or connections thereto; and
- (c) There have been no investigations, prosecutions, or known inquiries of the Commercial Intermediary or its executives or employees related to corruption, bribery, fraud, or any related offense.
- (d) Commercial Intermediary, including its officers, directors, employees, or agents, has not made any corrupt or improper payments to any person, including any Government Official, in any way related to its Agreement with TechnipFMC and related services.

Commercial Intermediary reaffirms that if at any time the representations, warranties, and certifications herein are no longer accurate and complete, Commercial Intermediary will immediately notify TechnipFMC and provide a supplementary report detailing such change.

I certify that all Commercial Intermediary personnel working on the TechnipFMC account have reviewed and operate consistent with TechnipFMC's Code of Business Conduct and the key personnel have taken Compliance training, including anti-bribery and anti-corruption training.

Finally, I hereby certify, represent, and warrant that I am authorized to make these representations and agreements on behalf of the Commercial Intermediary, and neither I nor the Commercial Intermediary identified above has engaged in any fraud, bribery, or other improper conduct related to TechnipFMC or its services or products.

IF YOU ARE UNABLE TO CERTIFY, please contact your business sponsor or email [Compliance@TechnipFMC.com](mailto:Compliance@TechnipFMC.com) to discuss your concerns.

Signature: \_\_\_\_\_

Date [print or type]: \_\_\_\_\_

Name [print or type]: \_\_\_\_\_

Title [print or type]: \_\_\_\_\_

Company [print or type]: \_\_\_\_\_

<sup>X</sup> If there are any exceptions to any of the statements or representations above, describe them here and attach additional, numbered pages if needed: \_\_\_\_\_

Number of pages  
attached, if any: \_\_\_\_\_

ANNEX “B”  
GHT & SDSCC LOG

LOG ENTRY #1			
Name and position of each Commercial Intermediary employee involved.			
Third party business’ name			
Third party business’ employee name(s) & position(s)			
Nature of event/item (select all that apply)	Gift <input type="checkbox"/>	Social Donation <input type="checkbox"/>	
	Third Party Travel <input type="checkbox"/>	Charitable Contribution <input type="checkbox"/>	
	Hospitality <input type="checkbox"/>	Sponsorship <input type="checkbox"/>	
Did Commercial Intermediary offer or receive?	Choose an item.		
Date provided			
Value (USD) per person			
Total value (in USD)			
Country			
Description of item/event			
Business purpose			
Did you obtain pre-approval from TechnipFMC?	Choose an item.	If so, by whom?	
Who is your primary contact at TechnipFMC for your relationship with TechnipFMC?			
Was the event/item given and received in compliance with TechnipFMC's Code of Business Conduct?			
What is your relationship with the third party?			
Was a family member of the third party involved?	Choose an item.		
Was any person that gave or received an item/event a <i>Government Official</i> (as defined in this Activity Report)?	Choose an item.	If so, who?	
If you offered the event/item, was the recipient in a position of influence with regard to any ongoing/pending bids or applications for approval?	Choose an item.	If yes, please explain.	

LOG ENTRY #2			
Name and position of each Commercial Intermediary employee involved.			
Third party business' name			
Third party business' employee name(s) & position(s)			
Nature of event/item (select all that apply)	Gift <input type="checkbox"/> Third Party Travel <input type="checkbox"/> Hospitality <input type="checkbox"/>	Social Donation <input type="checkbox"/> Charitable Contribution <input type="checkbox"/> Sponsorship <input type="checkbox"/>	
Did Commercial Intermediary offer or receive?	Choose an item.		
Date provided			
Value (USD) per person			
Total value (in USD)			
Country			
Description of item/event			
Business purpose			
Did you obtain pre-approval from TechnipFMC?	Choose an item.	If so, by whom?	
Who is your primary contact at TechnipFMC for your relationship with TechnipFMC?			
Was the event/item given and received in compliance with TechnipFMC's Code of Business Conduct?			
What is your relationship with the third party?			
Was a family member of the third party involved?	Choose an item.		
Was any person that gave or received an item/event a <i>Government Official</i> (as defined in this Activity Report)?	Choose an item.	If so, who?	
If you offered the event/item, was the recipient in a position of influence with regard to any ongoing/pending bids or applications for approval?	Choose an item.	If yes, please explain.	

LOG ENTRY #3			
Name and position of each Commercial Intermediary employee involved.			
Third party business' name			
Third party business' employee name(s) & position(s)			
Nature of event/item (select all that apply)	Gift <input type="checkbox"/> Third Party Travel <input type="checkbox"/> Hospitality <input type="checkbox"/>	Social Donation <input type="checkbox"/> Charitable Contribution <input type="checkbox"/> Sponsorship <input type="checkbox"/>	
Did Commercial Intermediary offer or receive?	Choose an item.		
Date provided			
Value (USD) per person			
Total value (in USD)			
Country			
Description of item/event			
Business purpose			
Did you obtain pre-approval from TechnipFMC?	Choose an item.	If so, by whom?	
Who is your primary contact at TechnipFMC for your relationship with TechnipFMC?			
Was the event/item given and received in compliance with TechnipFMC's Code of Business Conduct?			
What is your relationship with the third party?			
Was a family member of the third party involved?	Choose an item.		
Was any person that gave or received an item/event a <i>Government Official</i> (as defined in this Activity Report)?	Choose an item.	If so, who?	
If you offered the event/item, was the recipient in a position of influence with regard to any ongoing/pending bids or applications for approval?	Choose an item.	If yes, please explain.	

LOG ENTRY #4			
Name and position of each Commercial Intermediary employee involved.			
Third party business’ name			
Third party business’ employee name(s) & position(s)			
Nature of event/item (select all that apply)	Gift <input type="checkbox"/>	Social Donation <input type="checkbox"/>	
	Third Party Travel <input type="checkbox"/>	Charitable Contribution <input type="checkbox"/>	
	Hospitality <input type="checkbox"/>	Sponsorship <input type="checkbox"/>	
Did Commercial Intermediary offer or receive?	Choose an item.		
Date provided			
Value (USD) per person			
Total value (in USD)			
Country			
Description of item/event			
Business purpose			
Did you obtain pre-approval from TechnipFMC?	Choose an item.	If so, by whom?	
Who is your primary contact at TechnipFMC for your relationship with TechnipFMC?			
Was the event/item given and received in compliance with TechnipFMC's Code of Business Conduct?			
What is your relationship with the third party?			
Was a family member of the third party involved?	Choose an item.		
Was any person that gave or received an item/event a <i>Government Official</i> (as defined in this Activity Report)?	Choose an item.	If so, who?	
If you offered the event/item, was the recipient in a position of influence with regard to any ongoing/pending bids or applications for approval?	Choose an item.	If yes, please explain.	



LOG ENTRY #5			
Name and position of each Commercial Intermediary employee involved.			
Third party business' name			
Third party business' employee name(s) & position(s)			
Nature of event/item (select all that apply)	Gift <input type="checkbox"/> Third Party Travel <input type="checkbox"/> Hospitality <input type="checkbox"/>	Social Donation <input type="checkbox"/> Charitable Contribution <input type="checkbox"/> Sponsorship <input type="checkbox"/>	
Did Commercial Intermediary offer or receive?	Choose an item.		
Date provided			
Value (USD) per person			
Total value (in USD)			
Country			
Description of item/event			
Business purpose			
Did you obtain pre-approval from TechnipFMC?	Choose an item.	If so, by whom?	
Who is your primary contact at TechnipFMC for your relationship with TechnipFMC?			
Was the event/item given and received in compliance with TechnipFMC's Code of Business Conduct?			
What is your relationship with the third party?			
Was a family member of the third party involved?	Choose an item.		
Was any person that gave or received an item/event a <i>Government Official</i> (as defined in this Activity Report)?	Choose an item.	If so, who?	
If you offered the event/item, was the recipient in a position of influence with regard to any ongoing/pending bids or applications for approval?	Choose an item.	If yes, please explain.	