

**INSTRUCTIONS FOR THIS FORM**

Please fill out this form in its entirety and to the best of your ability. Also, you may include any other documentation you feel is relevant. When complete, please email this form and all supporting document to vendors@primetripsupport.com or fax them to +1 (281) 503-7835.

PART I - COMPANY INFORMATION				
COMPANY LEGAL NAME			TRADING NAME (DBA) if applicable	
COMPANY STREET ADDRESS		CITY, STATE/PROVINCE, POSTAL CODE		COUNTRY
MAIN TELEPHONE NUMBER	MAIN FAX NUMBER	COMPANY WEBSITE	MAIN EMAIL ADDRESS	
MAIN CONTACT INFORMATION FOR REQUESTING SERVICE				
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	IATA (ARINC/SITA)	AFTN (ICAO)
BUSINESS HOURS		AFTER HOURS EMERGENCY CONTACT INFORMATION		
PART II - COMPANY DEMOGRAPHICS				
<b>CLASSIFICATION OF COMPANY (SELECT ALL THAT APPLY)</b>				
<input type="checkbox"/> FBO/HANDLING COMPANY	<input type="checkbox"/> THIRD-PARTY SERVICE PROVIDER	<input type="checkbox"/> RENTAL CAR COMPANY	<input type="checkbox"/> SECURITY COMPANY	
<input type="checkbox"/> CATERING COMPANY	<input type="checkbox"/> GROUND TRANSPORTATION COMPANY	<input type="checkbox"/> HOTEL/LODGING	<input type="checkbox"/> AIR CHARTER COMPANY	
OTHER COMPANY CLASSIFICATION			MARKETS SERVICED	
			<input type="checkbox"/> GENERAL AVIATION <input type="checkbox"/> MILITARY AVIATION	
			<input type="checkbox"/> COMMERCIAL AVIATION	
TYPE OF ENTITY		COUNTRY OF COMPANY REGISTRATION		REG NUMBER (EIN, TRN, ETC.)
<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE-PROPRIETOR (PERSON) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOVERNMENT		<input type="checkbox"/> OTHER (please specify) _____		
D-U-N-S NUMBER	AIRPORTS OR LOCATIONS SERVICED (ATTACH STATION LIST IF NECESSARY)			
NUMBER OF EMPLOYEES	HOW ARE SERVICES PERFORMED?		DO YOU OWN AND OPERATE YOUR OWN EQUIPMENT?	
	<input type="checkbox"/> WE PERFORM THEM DIRECTLY <input type="checkbox"/> WE SUBCONTRACT TO A THIRD-PARTY		<input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> NO	
	<input type="checkbox"/> A MIX OF DIRECT AND THIRD-PARTY <input type="checkbox"/> WE DO NOT PROVIDE SERVICES			
PART III - DEPARTMENTAL CONTACT INFORMATION				
GENERAL MANAGER NAME		TITLE/POSITION	TELEPHONE NUMBER	EMAIL ADDRESS
OPERATIONS POINT-OF-CONTACT		TITLE/POSITION	TELEPHONE NUMBER	EMAIL ADDRESS
ACCOUNTING POINT-OF-CONTACT		TITLE/POSITION	TELEPHONE NUMBER	EMAIL ADDRESS
PART IV - COMPANY OWNERSHIP				
TYPE OF COMPANY		NAME	POSITION/TITLE	OWNERSHIP
<input type="checkbox"/> PUBLICLY TRADED (SKIP THIS SECTION)				%
<input type="checkbox"/> PRIVATELY HELD (COMPLETE THIS SECTION)				%
Please list any companies or persons with 25% or more controlling interest or ownership in the company. Alternatively, you can attach a list of owners to this form or provide us with a copy of your Articles of Incorporation, Articles of Association, or Member Shares agreements.				%
				%
PART V - BANK INFORMATION				
REMITTANCE BANK NAME		BANK ADDRESS		TELEPHONE NUMBER
BENEFICIARY NAME	TYPE OF ACCOUNT	ROUTING NUMBER OR SWIFT CODE	ACCOUNT NUMBER OR IBAN	
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
EMAIL TO SEND REMITTANCE NOTIFICATION		INVOICING CURRENCY(IES)		

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## PART VI - COMPLIANCE

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

- |    |   |  |
|----|---|--|
| 1  | Is your company, or any of its principals or partners with corporate responsibility, affiliated, owned, or employed by any government agency or in an official capacity that would unfairly influence business relations or provide a strategic advantage not available to the general public or your competitors?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2  | Have you or your business, or any of its directors, officers, principal owners or employees have a family relationship (parent, brother, sister, child, first cousin, spouse or partner), either by blood or marriage, working in an official capacity that would unfairly influence business relations or provide a strategic advantage not available to the general public or your competitors? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3  | Do you or your business, or any of its directors, officers, principal owners or employees, have a business relationship (including joint ownership of a company) with a Government Official who is in a position to unfairly influence business relations or provide a strategic advantage not available to the general public or your competitors?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4  | Would any government official (or relative of a government official) be entitled to any part of the compensation that you receive from us?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5  | Have you or your business, or any of its directors, officers, principal owners or employees, ever been found by a court or agency to have violated any anti-bribery laws, including the U.S. Foreign Corrupt Practices Act or any other U.S. criminal or securities law?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6  | Have you or your business, or any of its directors, officers, principal owners or employees, ever been found by a non-U.S. judicial or enforcement agency to have violated any criminal or securities law?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7  | Has your company, or any of its principals or partners with corporate responsibility, ever filed for bankruptcy protection or has gone into receivership or a similar arrangement within the past seven years?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8  | Is your company, or any of its principals or partners with corporate responsibility currently involved in any criminal litigation procedures?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9  | Have you or your business, or any of its directors, officers, principal owners or employees ever been convicted of a misdemeanor (other than minor traffic offenses) or felony?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10 | Are you or your business, or any of its directors, officers, principal owners or employees subject to any sanctions or listed on the United States' Specially Designated Nationals and Blocked Persons List (SDN)?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**If you have answered "YES" to any of these questions, please provide a detailed summary in addition to this form.**

## PART VII - CERTIFICATION OF FACTS

### PLEASE CONFIRM THE FOLLOWING STATEMENTS:

- |   |   |  |
|---|---|--|
| 1 | I/we confirm that the company listed herein have all of the necessary trade licenses, documentation, and legal standing to provide services to Prime Trip Support in a safe, expeditious, and legal manner.   | <input type="checkbox"/> I/we confirm. |
| 2 | I/we confirm, if applicable, that our company conducts the appropriate due diligence on any third-parties we utilize to perform services for and on behalf of Prime Trip Support, and I/we take responsibility for the level of service quality, reporting, professional ethics, and regulatory compliance (including compliance with all anti-bribery and corruption laws) provided by said third-parties. | <input type="checkbox"/> I/we confirm. |
| 3 | I/we confirm that our company pays fair, reasonable, and customary compensation to our third-party vendors and also confirm that all third-parties sign representations and warranties regarding anti-bribery compliance.   | <input type="checkbox"/> I/we confirm. |
| 4 | I/we have received a copy of the <b>Prime Trip Support Vendor Code of Conduct</b> and agree to abide by the rules and regulations set forth within.   | <input type="checkbox"/> I/we confirm. |
| 5 | I/we have received a copy of the <b>Prime Trip Support Anti-Corruption Policy</b> and agree to abide by the rules, regulations, requirements, and reporting set forth within .  | <input type="checkbox"/> I/we confirm. |
| 6 | I/we agree that our company will honor the terms of our Mutual Non-Disclosure Agreement and will not release any information, including end-customer data, aircraft data, pricing, or work product to any third-parties, without the expressed written consent of Prime Trip Support.   | <input type="checkbox"/> I/we confirm. |
| 7 | I/we agree that our services and our financial relationship is subject to audit, whether it be planned or on-demand.  | <input type="checkbox"/> I/we confirm. |

**If you cannot "confirm" any of these statements, please provide a detailed summary in addition to this form.**

## PART VIII - AUTHORIZED SIGNATURE

The person submitting this form is authorized to certify on behalf of the company that the foregoing is true and correct and acknowledges that the information furnished includes personal data, the collection, use and disclosure of which may be subject to local data protection or privacy laws. By submitting this completed form the submitter consents to the collection, use and disclosure of such information about himself or herself for the purpose of due diligence required by applicable multinational and local anti-bribery laws. The submitter also acknowledges that the personal data may be transmitted to us and our advisors in the United States of America as well as to any of our affiliates, some of which may be established in countries other than the country or countries in which your company has been established and/or is doing business. To the extent that the personal data provided in this form relates to an individual other than the submitter, the submitter hereby affirms that the express consent of such individuals has been obtained for collection, use and disclosure of personal information as mentioned in this paragraph. Further, the submitter hereby affirms that his or her disclosure of personal data in this submission complies fully with any and all applicable data protection or privacy laws and that written consent to disclose such information has been obtained from the individuals listed in this submission. In addition, the submitter, for himself/herself and on behalf of the individuals listed in this submission also consents to our collection, use and storage of information obtained by its own independent investigation. I/we agree to promptly notify you of any material changes to the information provided in this submission by sending an email to vendors@primetripsupport.com or by calling +971 (4) 247-2300. To the best of my knowledge, all information previously provided in this form is correct and complete and does not omit any fact or make any material misrepresentation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE/POSITION

\_\_\_\_\_  
DATE

COMPANY STAMP  
(IF APPLICABLE)

### Global Headquarters

Jumeirah Bay X3 Tower  
Suite 3701  
Dubai, UAE

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Web www.primetripsupport.com

IATA KPTSXXH  
AFTN KKPTXAAS

