Medical Counterparty Due Diligence Questionnaire

Corporate, integrity, medical-product, quality, data and responsible-business review

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Classification	Controlled business form	**Document owner**	OLYMEDICA — OLYVENRA LTD
Language	English	**Status**	Publication-ready / controlled master

Purpose

Use this questionnaire for risk-based due diligence before OLYMEDICA enters or renews a material relationship. The review addresses ownership, sanctions and anti-corruption risk, financial standing, regulated medical-product activity, quality and safety controls, data protection, ethics and evidence. OLYMEDICA may request clarification or enhanced due diligence based on risk.

Completion guidance

Complete every applicable field in the selected language. Use Not applicable only with a brief reason. Cite current document titles, numbers, issuers, expiry dates and secure-file references rather than embedding sensitive material. OLYMEDICA may verify information and request source evidence, certified translations or updated documents.

Privacy and secure document handling

Do not place patient-identifiable information, passwords, payment-card data, bank credentials, special-category personal data or controlled technical information in this form or ordinary email. Request an OLYMEDICA-approved secure channel before sending evidence. Submit only information you are authorised and legally permitted to disclose. Privacy information is available through the link below.

Read the OLYVENRA Privacy Notice

Medical-product safety boundary

This commercial form is not medical advice, product approval, an emergency route or an adverse-event reporting channel. Follow the legal manufacturer's instructions and applicable local requirements. Report an immediate safety risk or serious incident promptly to the manufacturer and relevant competent authority through the required channels; provide OLYMEDICA only with the case reference through an approved route and never patient-identifiable data in this form.

Organisation profile

Information requested	Response / evidence reference
Full legal name	
Trading name, if different	
Company or registration number	
Country of incorporation or registration	
Registered office address	
Corporate website	
Primary contact: full name	
Business email and telephone	
Proposed counterparty role and relationship	

Ownership and management

Information requested	Response / evidence reference
Ownership structure and ultimate beneficial owners	

Information requested	Response / evidence reference
Directors, officers and authorised signatories	
Ultimate beneficial owners with ownership percentages	
Parent company, subsidiaries and material affiliates	
Principal business activities and geographic markets	
Financial standing, insolvency and going-concern matters	

Compliance and financial risk

Information requested	Response / evidence reference
Sanctions, restricted parties and politically exposed persons screening	
Adverse media, investigations, litigation and enforcement	
Anti-bribery, anti-corruption and gifts controls	
Modern slavery, forced labour and human-rights controls	
Export control, dual-use and restricted-destination controls	
Actual or potential conflicts of interest	
Regulated medical, hazardous or controlled goods handled	
Tax residency, banking arrangements and third-party payments	

Medical-product and quality controls

Information requested	Response / evidence reference
Product categories, brands and risk classes	
Economic-operator role by target market	
Business, import, wholesale and sector licences	
Quality management system, scope and certificate validity	
Control of intended purpose, indications and clinical or wellness claims	
Complaint, incident, vigilance and field-action process	
Material complaints, incidents, recalls and regulatory actions in five years	
Suspensions, refusals, warning letters or authority restrictions	

Data, ethics and responsible business

Information requested	Response / evidence reference
Personal-data roles, processing purposes and data locations	
Information-security framework, certifications and incidents	
Privacy, retention, access and international-transfer controls	
Code of conduct, ethics training and speak-up process	
Environmental, labour, diversity and community controls	
Product-liability insurance: insurer, limit, territory and expiry	

Supporting evidence checklist

Information requested	Response / evidence reference
Company registration extract and tax registration	
Ownership structure and ultimate beneficial owners	
Current quality-system certificates and audit summary	
Current product registration, conformity and labelling evidence	
Two relevant customer, bank or professional references	
Documents unavailable, reason and expected delivery date	

Declaration and authority

Declaration and authority
I confirm that the information supplied is complete and accurate to the best of my knowledge, that I am authorised to submit it, and that the organisation will notify OLYMEDICA promptly of material changes. I understand that submission does not create approval, appointment, confidentiality, exclusivity or any obligation to transact.

Information requested	Response / evidence reference
Authorised declarant: full name	
Position and organisation	
Basis of authority to submit this form	
Signature	
Date	