

**INDIANAPOLIS POWER & LIGHT COMPANY  
COMPLIANCE DUE DILIGENCE QUESTIONNAIRE**

1. **Company Name:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_  
\_\_\_\_\_

3. **Telephone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

4. **Business form:** Sole Proprietor Corporation  
Partnership LLC/LLP Other: \_\_\_\_\_

**State/Country where incorporated or chartered:** \_\_\_\_\_

5. **Will subcontractors be used to fulfill this contract?** Yes No

**If Yes, please identify and give their location (city, state, and/or country):** \_\_\_\_\_

6. **Owners/Principals (Ownership percentages must total 100%. If publicly traded, all shareholders holding 5% or more must be listed individually.) Please provide full, legal names and location (city, state, and/or country).**

Name \_\_\_\_\_ % ownership \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ % ownership \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ % ownership \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ % ownership \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ % ownership \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ % ownership \_\_\_\_\_ Location \_\_\_\_\_

7. **Members of the Board of Directors. Please provide full, legal names and location (city, state, and/or country):**

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

**8. Officers (or persons holding equivalent position). Please provide full, legal names and location (city, state, and/or country):**

President/CEO \_\_\_\_\_ Location: \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_ Location: \_\_\_\_\_

Chief Operating Officer \_\_\_\_\_ Location: \_\_\_\_\_

Managing Director \_\_\_\_\_ Location: \_\_\_\_\_

Sales/Marketing Director \_\_\_\_\_ Location: \_\_\_\_\_

Other \_\_\_\_\_ Location: \_\_\_\_\_

**9. Other employees who will work on the project or transaction. Please provide full, legal names, position, and location (city, state, and/or country):**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Location: \_\_\_\_\_

**10. List all parent companies—up to and including the ultimate parent—and their location (city, state, and/or country).**

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

**11. List (or attach a list of) all subsidiaries and other affiliated companies and their location (city, state, and/or country):**

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Location: \_\_\_\_\_

**12. Business (Company) References. Please also provide a contact name and contact information.**

Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**13. Background information: Years in business: \_\_\_\_\_**

Description of business: \_\_\_\_\_

**14. Is any owner, controlling shareholder, director, officer, employee or agent of your Company a family member of any IPL employee? If yes, please provide details.**

Yes            No

**15. Is any owner, controlling shareholder, director, officer, senior management-level employee or agent of your Company:**

- (i) an officer or employee of a (non-U.S.) government, department (whether executive, legislative, judicial or administrative), agency, or instrumentality thereof, including a regional governmental body;
- (ii) an officer or employee of a (non-U.S.) government-owned or controlled entity;
- (iii) an officer or employee of a public international organization;
- (iv) a person acting in an official capacity for or on behalf of such government, department, agency, instrumentality, or public international organization;
- (v) a candidate for political or government office or appointee for such office outside of the United States; or
- (vi) an officer or employee of a political party outside of the United States?

Yes            No

If yes, provide details:

**16. To the best of your knowledge, has any owner, controlling shareholder, director, senior management-level employee or agent of your Company ever been:**

- (i) named a Designated Person\*  
<<http://www.whitehouse.gov/news/releases/2001/09/20010924-1.html>>,
- (ii) named on the
  - a. Specially Designated National list  
(<http://www.treas.gov/offices/eotffc/ofac/sdn/index.html>),
  - b. Denied Persons list (<http://www.bis.doc.gov/dpl/Default.shtm>),
  - c. Entity list (<http://www.bis.doc.gov/Entities/Default.htm>),
  - d. Unverified list  
([http://www.bis.doc.gov/Enforcement/UnverifiedList/unverified\\_parties.html](http://www.bis.doc.gov/Enforcement/UnverifiedList/unverified_parties.html)), or the
  - e. Debarred list (<http://pmdtc.org/debar059.htm>) issued by the U.S. Departments of State, Commerce and Treasury; or
- (iii) named on any other list maintained by the U.S. Government, the United Nations or any other applicable jurisdiction?

Yes                      No

If yes, provide details:

**17. To the best of your knowledge, has your Company ever been**

- (i) formally charged or under any formal investigation by a competent governmental authority for any financial crime, including but not limited to fraud, bribery, corruption, money laundering or terrorism financing;
- (ii) convicted by a competent judicial authority for any financial crime; or
- (iii) the subject of any blocking, seizure or forfeiture order or judgment based on any alleged violation of any money laundering or terrorism laws or for violating any anti-money laundering or anti-terrorism laws?

Yes                      No

If yes, provide details:

**18. To the best of your knowledge, has your Company ever engaged in a transaction that involves:**

- (i) the receipt, transfer, transportation, retention, use, structuring, diverting, or hiding the proceeds of any criminal activity whatsoever, including drug trafficking, fraud and bribery of a public official;

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\* **Designated Person** means any person, entity or country (1) whose name is specified in, or pursuant to, any Executive Order issued by the President of the United States of America relating to the designation of a person as a terrorist or terrorist organization or blocking any assets of such person; (2) in respect of whom any person has received notice from the United States Government that all financial transactions involving the assets of such person have been, or are to be, blocked; (3) who is designated from time to time by either Executive Order of the President of the United States, or in published lists issued by the United States Treasury Department (and its Office of Foreign Assets Control) including the Specially Designated Nationals ("SDN") list, the United States Department of Commerce or the United States Department of State, as a foreign terrorist organization or an organization that assists or provides support to a foreign terrorist organization or a party subject to sanctions; or (4) who is or was convicted, found guilty or against whom a judgment or order was entered in any proceedings for violating money laundering, anti-corruption or bribery, or international economic or anti-terrorism sanction laws, or whose assets were seized, blocked, frozen or ordered forfeited for violation of money laundering or international anti-terrorism laws.

- (ii) engaging or becoming involved in, financing, or supporting or giving aid or comfort to any terrorist person, activity or organization; or
- (iii) a Designated Person?

Yes                      No

If yes, provide details:

**19. Does your company have a compliance program or code of conduct? (If Yes, please provide IPL a copy of such code of conduct or compliance program.)**

Yes                      No

**Does the code of conduct or compliance program apply to all employees who will work on this transaction with IPL?**

Yes                      No

**CERTIFICATION, AUTHORIZATION and RELEASE**

I hereby certify that the answers provided herein are true and correct. By completing and signing this Questionnaire for myself, and if applicable as an agent of my employer, I hereby, authorize IPL, its subsidiaries and affiliates, or its agents to investigate and verify the information contained in this Questionnaire. A facsimile of this document shall be considered as valid as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date