## LG INDEPENDENCE CHECK FORM



PREPARED BY: CORPORATE FINANCE	DOC ID: LG-03-CGC07	VERSION: 1.1
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Name of Employee:		Carlot Ca				
Position: Entity:						
Com	oleti	ion of this form provides data nents.	for determining that the practice is com	plying with the LGSE independence		
Yes*		Do you have a direct or indirect material financial interest in a customer/supplier or its subsidiaries/ affiliates?				
		Do you have a financial interest in any competitors, investees or affiliates of a customer/supplier?				
		Do you have any outside business relationship with a customer/supplier or an officer, director or principal shareholder having the objective of financial gain?				
		Do you owe any customer/supplier any amount, except as a normal customer, or in respect of a home loan under normal lending conditions?				
		Do you have the authority to sign cheques for a customer/supplier?				
		Are you connected with a customer/supplier as a promoter, underwriter or voting trustee, director, officer or in any capacity equivalent to a member of management or an employee?				
		Do you serve as a director, trustee, officer or employee of a customer/supplier?				
		Has your spouse or minor child been employed by a customer/supplier?				
		Has anyone in your family been employed in any managerial position by a customer/supplier?				
		Are any billings delinquent for customer/suppliers that are your responsibility?				
		Have you received any benefits such as gifts or hospitality from a customer/supplier that are not commensurate with normal courtesies of social life?				
		Are there any other independence issues that you believe are relevant to disclose?				
Additional information/comments:						
*Note: if you answered 'YES' to any of the answers above, please also complete the LG Independence Resolution Memorandum.						
Sign	Signature of Employee:			Date:		
Sign	Signature of Employer:			Date:		

LGSE Independence Check Form