

GROUP ASSESSMENT FORM

OMB CONTROL NUMBER: OMB EXPIRATION DATE:

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Group Name (Board, GSC, Compensation, etc.): Company and CAGE:

1. How is the Company's Board/Committee composed, and how does that composition affect corporate culture, group dynamics, and Shareholder engagement?

2. How does the group intend to address any shortcomings that exist within the group?

3. How would you characterize the group's overall effectiveness this assessment cycle?

- 4. How would you characterize the group's engagement and relationship with the C Suite of the Company?
- 5. How would you characterize the group's engagement and relationship with the ultimate foreign shareholder?



Signature: Date:

E-mail: Phone: