SLB Channel Representative Program
External Due Diligence Questionnaire

As part of the SLB Channel Representative Program, SLB conducts due diligence and screening on prospective Channel Representatives. Please complete this questionnaire and provide accurate and complete information.

The information provided may be reviewed by SLB and shared with third parties engaged by SLB to conduct screening, due diligence, and related compliance activities. By completing this questionnaire, you consent to the use of the information provided.

The SLB Privacy Statement is available at: https://www.slb.com/who-we-are/privacy

Completion of this questionnaire does not constitute approval, engagement, or any commitment by SLB to enter into a business relationship.

Section 1 – Identification

Individual or Entity: ☐ Individual ☐ Corporate Entity

Full Legal Name: _____

Other Names / Aliases: _____

Country of Registration / Nationality: _____

Primary Business Address: _____

Countries of Operation: _____

Website: _____

Primary Contact (Name / Title / Email / Phone): _____

Date of Birth (Individual) or Year of Incorporation (Entity): _____

Section 2 – Business Activities & Role

Describe your business and services: _____

Describe how you will support SLB: _____

Confirm you will NOT negotiate, bind SLB, or provide pricing without approval:

☐ Confirm ☐ Cannot Confirm

Do you represent or work with other oilfield service companies? ☐ Yes ☐ No

If Yes, list: _____

☐ I confirm that I do not have any relationships or interests that could improperly influence my activities in connection with SLB.

If any such relationships or interests exist, please describe: _____

Section 3 – Ownership & Key Individuals

Beneficial Owners (>25%): (Name / Country / Ownership %)

_____

Key Individuals involved with SLB activities (Name / Role / Country):

_____

Section 4 – Use of Third Parties

Will you engage sub-agents, introducers, or third parties related to SLB work? ☐ Yes ☐ No

If Yes (Name / Role / Country): _____

Section 5 – Government / Political Exposure

Do you, owners, or involved individuals have government roles or close family ties (past 5 years)?

☐ Yes ☐ No

If Yes (Name / Role / Organization / Country / Relationship): _____

Section 6 – Compliance Commitment

Do you have ethics, integrity or compliance policies, procedures or practices? ☐ Yes ☐ No

Do you agree to comply with SLB Code of Conduct and program requirements? ☐ Yes ☐ No

Do you agree NOT to make facilitation payments in connection with SLB business? ☐ Yes ☐ No

Section 7 – Compensation

Compensation model: Commission-based

Please confirm the following:

☐ I understand that compensation structure and terms are determined solely by SLB

☐ I confirm that I will not request, negotiate, or receive any compensation outside of the agreed SLB arrangement

☐ I confirm that I am not receiving, and will not receive, any additional compensation, fees, or value from customers, government entities, or any third party.

Describe the activities you expect to perform to receive compensation: _____

Section 8 – Government Interaction

As a Channel Representative, you are NOT authorized to interact on behalf of SLB with Government officials, Government agencies or State-owned or state-controlled entities.

I understand and agree that I will not engage in such interactions on behalf of SLB ☐ Acknowledged

If interaction becomes necessary, prior written approval from SLB is required. ☐ Acknowledged

Section 9 – Adverse Information

Have you or your business been debarred, suspended, investigated, charged, or involved in fraud, corruption, dishonesty, or similar misconduct matters? ☐ Yes ☐ No

If Yes, details: _____

Section 10 – Certification

☐ I confirm the information provided is accurate and complete

☐ I confirm there are no undisclosed intermediaries or side arrangements

☐ I confirm I am not acting on behalf of any undisclosed third party or intermediary in connection with SLB activities

☐ I agree to provide accurate information and supporting details regarding activities performed in connection with SLB if requested

☐ I will notify SLB of any material changes

Name:	
Title:	
Signature:	