

Exhibit A
Third Party Questionnaire: Entity

[Liberty operation] is conducting due diligence inquiries regarding the structure, operations and background of its third parties. This survey will serve as one means of gathering information. [Liberty operation] personnel may also be contacting representatives of your company with certain additional questions. You may gather information from others to answer questions within this document but neither the questions nor your response should be forwarded to persons other than [Liberty operation] personnel or designated personnel in your company.

Please complete all of the following questions (attach additional sheets if necessary). [Liberty Operation] will keep confidential the information provided in response to this questionnaire. Thank you in advance for your prompt response.

A BACKGROUND INFORMATION	
1	Name (the "Company")
2	Address of principal place of business
3	Telephone
	Fax
	E-mail
4	Registered address
5	Date registered
6	Other Places of Business, including any offices in the United States
7	Type of organization <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER – PLEASE DESCRIBE: _____
8	Does the Company have a tax license, business license or certificate, or commercial registration or its equivalent? If so, please provide such number(s) and a copy of such license or certificate.

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B OWNERSHIP AND MANAGEMENT

9	Who are the shareholders or equitable owners of the Company (natural persons and entities)? If the entity is a Partnership, list all partners and indicate which person is the managing partner.	PARTNERS/ SHAREHOLDERS	PERCENTAGE OWNERSHIP	DATE OF ACQUISITION	NATIONALITY
10	Do any other natural persons or entities have a beneficial interest in the Company's equity, revenues or profits, whether directly or indirectly? *If the answer is yes, please identify such natural persons or entities and explain the nature of the interest, including how it is held.	<input type="checkbox"/> YES* <input type="checkbox"/> NO			
11	Please list the individuals who serve on the Board of Directors of the Company.	NAME	TITLE	NATIONALITY	
12	Please list the individuals who serve as executive officers of the Company.	NAME	TITLE	NATIONALITY	
13	Are any other persons able to exercise control or influence over the entity through any arrangement or relationship? *If the answer is yes, please identify such persons and explain the nature of the interest, including how it is held.	<input type="checkbox"/> YES* <input type="checkbox"/> NO			

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14	<p>Are any of the principals (principal includes all directors, executive officers, and all persons who have direct or indirect power to direct the management and policies of the Company) affiliated with any entities that conduct business with the Company?</p> <p>*If the answer is yes, please identify.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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C CRIMINAL/CIVIL LITIGATION AND REGULATORY ENFORCEMENT ACTIONS

15	<p>Has the Company, or any principals of the Company, ever been convicted of any criminal offense involving theft, fraud or bribery?</p> <p>*If yes, provide the information requested below with regard to any indictment or conviction below.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
A	Nature of conviction	
B	Date charged	
C	Jurisdiction where charged	
D	Name and address of prosecuting authority	
16	<p>Has a bankruptcy petition ever been filed for the Company or a corporation, partnership, joint venture, or business it controlled?</p> <p>*If yes, provide the details requested below.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
A	Entity	
B	Year of Date Filed	
C	Jurisdiction where Filed	
17	<p>Has the Company or any of its principals ever been the subject of a governmental enforcement or disciplinary procedure?</p> <p>*If yes, provide the details requested below. Please attach a copy of any report, whether produced by the governmental entity or the Company, describing the investigation or proceeding.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
A	Provide all relevant dates and a description of the enforcement or disciplinary procedure?	

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D GOVERNMENT AFFILIATIONS		
18	<p>Are any principals of the Company "Government Officials"? Government Officials should be broadly interpreted to include the following: any official or employee of a national, provincial or local government or government entity, including the armed forces; a member of a government commission; an official of a political party; a candidate for political office; an employee, officer, director, manager, or official of any state-controlled or state-owned enterprise (state-controlled and state-owned enterprises include any business that is owned or controlled by any national, provincial or local government).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
19	<p>If any principals were previously Government Officials as defined above, please identify the organization and the position or rank held. Please also indicate the dates of severance or retirement from such service.</p>	
20	<p>Is any immediate family member of any of the principals of the Company a Government Official as defined above ("immediate family member" means spouse, children, and parents)?</p> <p>*If the answer is yes, please identify the office held, the name of the person holding the office and the relevant relationship.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
21	<p>Will the company use agents or non-employee contractors to provide services or work for [Liberty operation]?</p> <p>*If the answer is yes, please describe the services to be performed by agents or contractors.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
22	<p>Are any non-employee contractors current or former Government Officials as defined above?</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
23	<p>Does the Company conduct business with any government department or agency?</p> <p>*If the answer is yes, please identify the government office or agency.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO

E COMPLIANCE PROGRAM & TRAINING		
24	<p>Does the Company maintain a code of business conduct and/or a compliance program?</p> <p>*If the Company maintains a code, include a copy.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO
25	<p>Does the Company maintain policies and/or procedures to prevent and detect financial crimes such as bribery and money laundering?</p> <p>*If the answer is yes, please describe the policies and/or procedures.</p>	<input type="checkbox"/> YES* <input type="checkbox"/> NO

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26	Does the Company provide its principals and employees training on anti-corruption laws?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Does the Company provide training on anti-corruption laws to its agents or non-employee contractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO

F PAYMENTS

28	Will your company request that payments for its services be made to another party? * If yes, please provide an explanation regarding payments to another party.	<input type="checkbox"/> YES* <input type="checkbox"/> NO
29	Will your company request that payments for its services be made outside the country(ies) where it is established or doing work for [Liberty operation]? *If yes, please provide an explanation regarding payments outside the country(ies) where it is established or doing work for [Liberty operation].	<input type="checkbox"/> YES* <input type="checkbox"/> NO

G REFERENCES

30	Please provide the names and references of 3 companies for validation of services of the same type or similar to the services to be provided to [Liberty operation].		
A	Name:	NAME AND TITLE OF INDIVIDUAL CONTACT	BANK NAME, ADDRESS, AND TELEPHONE NUMBER
B	Name:	NAME AND TITLE OF INDIVIDUAL CONTACT	FIRM NAME, ADDRESS, AND TELEPHONE NUMBER
C	Name:	NAME AND TITLE OF INDIVIDUAL CONTACT	FIRM NAME, ADDRESS, AND TELEPHONE NUMBER

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I hereby confirm that to the best of my knowledge, the information provided in this questionnaire is accurate and complete.	NAME	
	POSITION IN THE COMPANY	
	DATE	
	SIGNATURE	