

INFORMED CONSENT FORM & CONFIDENTIALITY DECLARATION

To: **Taylor Nelson Sofres at 138 av. Marx Dormoy, 92120 Montrouge, France** (the “Agency”)

Participant's Name and address: _____

I voluntarily wish to participate in research (“**NP Research**”), commissioned by a commercial sponsor that produces tobacco-based products, (“**Sponsor**”), and carried out by the Agency. It has been explained to me that New Products (“**NPs**”) are new tobacco products for existing smokers.

I have been informed, also in relation to the data protection provisions, that the NP Research is an investigational study and that its purpose is to understand consumer behaviour and reactions to potential NP information. I understand that my exposure to NP related materials is not in any way intended to promote smoking, a particular NP or NPs in general.

During the NP Research, certain confidential information (“**Confidential Information**”) will be shown to me. Confidential Information shall mean information disclosed by the Agency and/or by the Sponsor during or in connection with NP Research which is related to NP Research and prior to the receipt from the Agency and/or the Sponsor was neither publicly available nor in my possession without a duty of confidentiality. The Confidential Information may include, for example, the design, images, scientific information and product communications relating to NPs. I understand that all NP-related information which I receive during the NP Research is confidential information. Information shall cease to qualify as Confidential Information once it becomes publicly available without any breach of the requirements set forth in this declaration, or once I have rightfully obtained such information from another source without a duty of confidentiality.

I also confirm that I am aware that:

- Smoking causes serious and fatal diseases such as lung cancer, heart disease and emphysema in smokers. Smokers are far more likely to develop serious diseases like lung cancer than non-smokers.
- Smoking during pregnancy is associated with increased risk of pregnancy complications, spontaneous abortion, low birth weight infants and stillbirth. Pregnant or breastfeeding women cannot participate in the NP research.
- Smoking is addictive. It can be very difficult to quit smoking, but this should not deter adult smokers who want to quit from trying to do so.
- I have been informed not to assume using NPs are safer than smoking any other tobacco products and that NPs should not be viewed as an alternative to quitting smoking.

I have read and understood the requirements of confidentiality and participation in the NP Research and confirm the following:

- I have been informed of the nature of the NP Research and the activities involved in participating in it, and in particular that the NP Research will involve an initial interview (lasting approximately one hour) and potentially up to 4 weeks of NP use, involving two further interviews.
- I understand that during the NP Research the collection and the processing of the personal data carried out by the Agency will cover only the data necessary for the scope of the NP Research. This data will include any personal data as well as my opinions on the NPs and any associated materials. The information voluntarily provided by me will be communicated by the Agency only in an anonymous way to the Sponsor for the purposes of confirming my age and terms of my participation in the NP Research and to understand consumer behavior and reactions to potential NP information. If necessary, this information will be made available to other entities, included the Companies belonging to the Sponsor's group of companies in countries located in or outside the European Union.
- I have had the opportunity to ask questions about the nature of the research, and any questions that I have had, have been answered to my satisfaction.
- I understand that my participation in NP Research is completely voluntary and that I may cease participation at any time. I will be compensated for my participation, and I will not lose the compensation to which I am entitled if I decide to withdraw early.
- I am aware that if I have additional questions or concerns about the NPs, the NP Research or my continued participation that I may address these to Agency personnel directly.
- I am at least 19 years old.
- I confirm that I do not suffer from allergies and/or other diseases that require the non-consumption of tobacco or tobacco-based products
- (For female participants) I am not pregnant or breastfeeding. If I become aware that I am pregnant, I will inform the Agency without delay.

I agree that:

- I will keep confidential all Confidential Information (whether visual, oral or in writing) to which I may have access during the NP Research for a period of 10 years and that I will not to disclose, disseminate or publish any Confidential Information to any third parties (including on social media sites, or to friends, relatives or family), directly or indirectly, unless required to do so by law or a competent court.
- I will not lend, sell, give away or attempt to take apart any NP which is provided to me and I will promptly return it and any packaging materials to the Agency whenever requested.
- I understand that I will not acquire any rights or ownership to any NP which is provided to me.
- I have been informed that I may be recontacted by the Agency for a further exploration of the objective of this research.

I understand and agree that:

- my opinions on the NPs and the associated materials which are being investigated, as well as any information about my smoking behavior may be retained and used by the Agency (and the Sponsor).
- any other personal information I provide in the course of my participation may be retained and used by the Agency (and the Sponsor) for the purposes of confirming my age and the terms of my participation in the NP Research - but it will not be used for any other purpose.
- In the event of an unusual health experience or other discomfort ('Event'), I will cease all use of the NP and promptly report details of the Event to the Agency. I further understand that I may be requested to provide details of the Event to the Agency. Any personal data submitted in relation to an Event will be held on an anonymous basis and used only for submission to regulatory bodies involved in approving NPs.

I declare that I have been informed about the use of my personal data in connection with the NP Research and by signing this Informed Consent Form & Confidentiality Declaration, I give my consent to the processing and transmission of my personal data, which shall include my name, age, sex, smoking habits, behavior and answers provided during the NP Research for the purpose of understanding consumer behavior and reactions to potential NP information. I have been informed of the right to access my personal data and the right to request the deletion or blocking of my personal data.

I have been informed that the processing and transmission of my personal data will be conducted in accordance with applicable laws and in compliance with appropriate security standards. I am fully aware that I cannot participate in the NP Research if I refuse to provide my consent.

On signing below, I will be provided with a copy of this Informed Consent Form & Confidentiality Declaration. This form will be stored for an indefinite period of time by TNS France, (acting as project coordination research agency and as Data Controller according to the applicable data protection decree) at 138 av. Marx Dormoy, 92120 Montrouge, France

This declaration shall be governed by the laws of the Federal Republic of Germany. German courts shall have jurisdiction, unless mandatory statutory provisions require otherwise.

The Agency and Sponsor will act as Data Controllers, each one within the limit of their specific competences.

Signature: _____ Print Name: _____

Date: _____

FOR USE BY AGENCY ONLY

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