

**GCC BOARD DIRECTORS REMUNERATION SURVEY IN COLLABORATION WITH HEIDRICK AND STRUGGLES**

A comprehensive overview of Board Directors’ Remuneration in the GCC

CONFIRMATION OF PARTICIPATION

Please indicate your confirmation by ticking the box(s) below:

|  |  |  |
| --- | --- | --- |
| Survey Report | Number of Reports | Survey Fees |
| Number of Companies participating: |  | USD 2000 per company |
| Number of wholly owned subsidiary companies participating: |  | USD 500 per company |

**Terms and Conditions**

This Agreement is between GCC Board Directors Institute and ………………………………………………………………..

(insert your organization name here)

with place of business ………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………….(insert your company address here)

Data Submission: as part of this agreement, the client agrees to submit to GCCBDI accurate, representative and current data for the participating companies within a stipulated time.

Use and Rights of Reports: the participating companies agree to respect GCCBDI’s Intellectual Property and not to copy or share this report with any 3rd party.

Protection of Proprietary Rights: BDI and the participating companies agree that all Confidential Information communicated in the course of this survey will only be used for the purpose for which it was obtained or shared.

Fees: the participating companies agree to pay the Survey Fees based on the number and type of companies participating. One single invoice, unless otherwise requested, will be issued upon acceptance of this order form. Payment is due within 14 days and payable to GCCBDI. Please ensure that invoices are paid on time in order to confirm your participation in the Survey.

Limited Warranty and Disclaimer: GCCBDI agrees to perform quality reviews of the data supplied at its sole discretion.

Limitation of Liability: neither GCCBDI, nor its agents or partners, will be liable for any consequential, incidental, direct or indirect, or special, damages. GCCBDI’s liability on any legal claim is limited to the fees paid by the participating company under this agreement

Please complete the information as acceptance of these terms and conditions:

|  |  |
| --- | --- |
| Organization |  |
| Contact person |  |
| Address |  |
| Telephone number |  |
| Mobile telephone number |  |
| Email |  |
| Signature |  |

Please return this Order Form to:

Jane Valls

Executive Director

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