ANNUAL SHARE-BASED PAYMENT AUDIT STATEMENT

Company Name: **Audit Period:**

Participant Name: **Employee ID:**

Job Title: **Department:**

1. GRANT DETAILS & VALUATION

Grant Date	Instrument Type (Options / RSUs / Shares)	Quantity Granted	Grant Date Fair Value (Per Instrument)	Total Fair Value	Vesting Period (Years)

2. EQUITY ACTIVITY & STATUS LEDGER

Outstanding at Period Start	Granted During Period	Vested/Exercised During Period	Forfeited/Expired During Period	Outstanding at Period End	Exercisable at Period End

3. FINANCIAL EXPENSE ALLOCATION

Expense Recognized in Prior Years	Expense Recognized in Current Period	Future Expense to be Recognized	Total Estimated Plan Expense

4. AUDIT & SYSTEM RECONCILIATION NOTES

Prepared By:

Authorized Company Representative (Signature)

Name:

Title:

Date:

Audited By:

Independent Auditor / Internal Auditor (Signature)

Name:

Title:

Date: