

WHO IS ELIGIBLE

All regular full-time active employees of Givaudan and its subsidiaries are eligible to participate in the Matching Gifts Program.

INELIGIBLE CONTRIBUTIONS

The Matching Gifts Program is limited and will not match:

- gifts to any other institution, organization or agency other than those so stipulated under the Program
- dues to national or local alumni groups
- gifts to be used for an athletic subsidy, including athletic scholarships
- subscription fees for publication
- insurance premiums
- payment for tuition, books or other student fees
- class dues
- gifts intended to fulfill a person's pledges, tithes or church-related financial commitments
- gifts to professors
- gifts given through a third-party or gifts given to a college or university as a way of supporting a third-party organization (e.g., athletic, religious or social organization)
- other such payments not made directly to eligible institutions even though such payments produce ultimate financial benefit for the institution. This includes gifts to alumni associations or foundations, alumni athletic or professional associations which may place conditions on the use of the contribution by the institution

*Accreditation must be verified by citation in:

The HEP Higher Education Directory

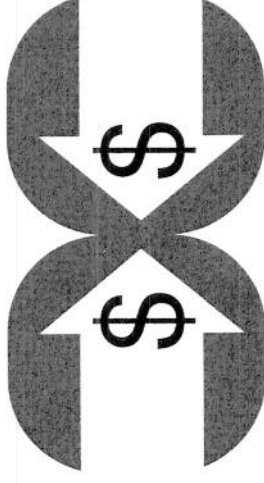
Published by: Higher Education Publications, Inc.
Falls Church, Virginia

The Handbook of Private Schools
Porter Sargent Publishers, Inc
Boston, Massachusetts

In addition, educational institutions must be recognized by the Internal Revenue Service of the United States Treasury Department as a tax-exempt educational institution, contributions to which are deductible under the United States Internal Revenue Code.

**However, such hospital must be accredited by the Joint Commissions on Accreditation of Hospitals and must be recognized by the Internal Revenue Service of the United States Treasury Department as a tax-exempt institution, as set forth in IRS Publication NO. 78, "Cumulative List of Organization Described in Section 170(c) of the Internal Revenue Code of 1954," contributions to which are deductible by the Foundation under the Code.

Matching Gifts Program



Givaudan Matches your
Tax Deductible Gifts

Givaudan[®]
Benefits Department

717 Ridgedale Avenue
East Hanover, NJ 07936

THE PROGRAM

The Matching Gifts Program was established by the Executive Committee of Givaudan, to encourage employees to support institutions of higher education, independent secondary schools, hospitals, and non-profit charitable organizations. Under this program, the Company will match contributions to qualified organizations. The Program is limited to institutions which meet the following definitions:

- Any **accredited*** university, college, junior college, professional school or school of nursing located in the United States is eligible for a matching gift. You do not have to be an alumnus of the school to which you are donating.
- Any **accredited*** independent high school, academy or college preparatory school not supported by public funds is eligible.
- Any **non-profit hospital** in the United States of America is eligible to receive a matching gift.
- Fund-raising associations of eligible institutions such as the Independent College Fund of America, its affiliated state and regional associations and the United Negro College fund are eligible.
- Payments to alumni associations or university/college foundations for academic programs and/or scholarships (excluding athletic scholarships, programs and/or activities) will be matched.
- Non-profit charitable organizations who are not benefiting from the United Way Fund.

CONTRIBUTION

The amount of the contribution must be no less than \$10. The Company will match contributions up to \$1,500 per employee per calendar year.

Gifts will be honored in the year in which they are donated or in the first Quarter of the following year. Gifts may be for one year only.

The contribution must be an individual's personal gift, and it must have been paid, not pledged. It may not be for services rendered. It may be either cash, negotiable securities or real property having a fair market value of not less than \$25.

Testamentary bequests are not eligible for matching gifts.

ADMINISTRATIVE CONDITIONS

Givaudan may modify, suspend or terminate the Matching Gifts Program or any part thereof at any time. In such event, any contributions made prior to the change will be recognized for matching. All questions concerning the interpretation, application or administration of the program shall be decided by the Executive Committee whose decision will be final.

MATCHING GIFTS PROGRAM FORM

A. EMPLOYEE

My personal gift in the amount of _____ (Amount)

(If Securities or Real Property, Describe and Include Value)

Was donated to _____

(Name of Educational Institution or Hospital and Address)

_____ on _____ (Date of Gift)

I hereby authorize the above-named institution or hospital to verify this gift and report it to Givaudan Corporation for the purpose of qualifying for a contribution under the Matching Gifts Program. I am a regular full-time employee.

(Print or Type Your Full Name)

SS # _____

(Home Address)

(City, State, Zip Code)

Please Check Division:

- Flavors
 Fragrances

(Work Location) _____ (Work Telephone)

(Signature) _____ (Date)

****Note to vendor****

A completed W9 form **MUST** be included in the envelope when returning your Matching Gift request or your payment will not be processed. Thank You

B. INSTITUTION

I verify that _____ (Name of institution)

has received the stated gift of _____ on _____ (Amount & Date of Gift)

(Signature)

(Print or Type Full Name)

(Date)

(Title)

(Name of Institution)

(Address)

(City, State, Zip Code)

This institution is accredited by: _____

INSTRUCTIONS

Only one (1) gift may be processed on this form. All items must be completed before the Matching Gift is processed. All forms must be signed with the appropriate signature. Employee SS Number must be included.

PART A Employee should complete Part A and mail entire form to the educational institution or hospital. If the contribution has not already been made to such institution or hospital, it may be enclosed with this form when mailed.

PART B The institution or hospital should complete Part B and return form to: Givaudan, Benefits Department, 717 Ridgedale Avenue, East Hanover, NJ 07936.

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,