



**THIRD PARTY COMPLIANCE TRAINING CERTIFICATE**

<b>MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY</b>		
<b>Full name</b>		
<b>Title</b>		
<b>Email</b>		
I certify that I have received, read, and understood the compliance training provided by Advita Ortho and that I have completed the test on the website training successfully.	<b>YES</b> <b>NO</b>	<b>INITIALS</b>
I certify that I have shared this training with all my colleagues and my third parties (agents, contractors, etc.), especially those working on behalf of Advita Ortho.	<b>YES</b> <b>NO</b>	<b>INITIALS</b>
I commit to promptly report any actual or suspected violations of the law, regulations, or Advita Ortho policies and procedures through the appropriate email or reporting channels.	<b>YES</b> <b>NO</b>	<b>INITIALS</b>
I commit that I will not expose Advita Ortho to any of the offenses envisaged by the laws and regulations in the industry.	<b>YES</b> <b>NO</b>	<b>INITIALS</b>
I consent to the transferring and use of the information provided to Advita Ortho and its affiliates solely for the purpose of allowing Advita Ortho to conduct research into the legal, and business background of the companies and persons identified in the forms to a third party located in the United States or outside of the European Economic Area for the sole purpose of conducting such research on Advita Orho's behalf.	<b>YES</b> <b>NO</b>	<b>INITIALS</b>

<b>DATE</b>	<b>SIGNATURE</b>
-------------	------------------