

AUTHORIZED REPRESENTATIVE OF THE COMPANY		
Full name		
Title		
MAIL		
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.	YES <input type="checkbox"/>	INITIALS
	NO <input type="checkbox"/>	
I certify that I have shared this training to all my colleagues and my third parties (agents, contractors, etc.), especially those working on behalf of Advita Ortho.	YES <input type="checkbox"/>	INITIALS
	NO <input type="checkbox"/>	
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.	YES <input type="checkbox"/>	INITIALS
	NO <input type="checkbox"/>	
I commit that I do not to expose Advita Ortho to none of the offenses envisaged by the laws and regulations in the industry.	YES <input type="checkbox"/>	INITIALS
	NO <input type="checkbox"/>	
I consent to transferring, using and storing the information provided in this form to Advita Ortho and its affiliates for the purpose of allowing Advita Ortho to conduct research into the legal, and business background of the companies and persons identified in the form. I consent to Advita Ortho transferring, using and storing the information provided in this form 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 Ortho's behalf.	INITIALS	

DATE	STAMP AND SIGNATURE
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