CODE OF CONDUCT AND CONFLICT OF INTEREST (COI) CERTIFICATE

AUTHORIZED REPRESENTATIVE OF THE COMPANY	
Full name	
Name of Company	
Title	
MAIL	

PART I: CODE OF CONDUCT AND ANTICORRUPTION CERTIFICATION

- I certify that I have received, read, and understood the Advita Ortho Global Anti-Corruption Policy and the Advita Ortho Third-Party Code of Business Conduct Policy (together the "Requirements"), and that the company is and will continue to comply with its obligations under the Requirements.
- I certify that I have received, read, and understood all parts of the Requirements, including, but not limited to, those sections relating to ethics, healthcare fraud and abuse compliance, and transparency disclosures and that the company agrees to fully comply with all such sections of the Requirements.
- I understand the importance to adhere to the Requirements and that I must provide true and correct information about the following:

I acknowledge and acceptance the Advita Ortho Third Party Code of Business Conduct and agree to comply with all provisions contained therein;	YES ☐	INITIALS
	NO ☐	
I agree to fully comply with all anti-corruption laws and regulations in all jurisdictions where I do business;	YES ☐	INITIALS
	NO ☐	
I agree to report any violations of the Requirements and understand my relationship with Advita Ortho may be terminated for failing to do so;	YES ☐	INITIALS
	NO ☐	
I declare that I am not aware at this time of any violations of the Requirements or I have reported any such possible violations in the space provided below:	YES ☐	INITIALS
	NO ☐	

POSSIBLE VIOLATIONS OR ISSUES TO REPORT

DATE	STAMP AND SIGNATURE

PART II: CONFLICT OF INTEREST CERTIFICATION

There are many types of conflicts of interests that can exist. For Advita Ortho, a conflict of interest that may arise and requires immediate disclosure to the Company is when an employee has a relevant relationship with a person who could purchase, use, or recommend the purchase or use of products that are sold by Advita Ortho. This may include an orthopedic physician, someone who works at the hospital that makes or influences the purchase, recommendation, referral, or use of our products, or a government official that has responsibility over the approval of product registrations. It is important for these relationships to be disclosed to Advita Ortho and documented to protect both you and the Company.

These conflicts of interest are of heightened importance as they relate to your interactions with healthcare professionals ("HCPs"), particularly familial relationships with HCPs. Advita Ortho strictly prohibits any inappropriate inducement of an HCP or family member of an HCP that would inappropriately encourage the HCP to make or influence the purchase, recommendation, referral, or use of the product lines that Advita Ortho sells.

The existence of a conflict depends upon the individual circumstances, including the nature and relative importance of the interest involved.

Advita Ortho requires you to disclose current relevant relationships, and situations that may constitute an actual or perceived conflict of interest. In the event that you have a potential conflict of interest, such as a family member who is an HCP, either currently or in the future, that results in a potential conflict of interest; you shall notify Advita Ortho immediately.

Conflicts of Interest Examples. The below is only provided as a general example and is not a complete list of every relationship that may be a conflict of interest.

1. One of our salespersons has recently started dating a surgeon who is also a customer of our Company. Why might this cause a Conflict of Interest for the Company?
    a. There is nothing wrong with these two people having a relationship. The issue is that this could give the appearance of a conflict for the surgeon and the Company in the future.
        i. For example, what if the surgeon was offered a contract by the Company to be a speaker and educate other surgeons. Could someone say he was only offered this because of his personal connection with his relationship?
        ii. What if these two individuals went out to dinner and the salesperson expensed it to the company. Was it a date or a business meal? What if they expensed a meal 3 times a month? Is that too much or is it appropriate due to the customer relationship?
        iii. The relationship itself may create the perception that the surgeon is choosing to use Advita Ortho's product because of their romantic relationship with the salesperson, as opposed to what product is the safest and most effective for their patients.
2. My dad is a pediatrician. Is this a conflict of interest?
    a. No, this is not a conflict of interest unless Advita Ortho begins to manufacture products that are sold to pediatricians. Is this a relationship you should disclose? Yes. As he in an HCP, disclosing this to Advita Ortho allows the company to properly document and approve that this is not a conflict of interest.
    b. What if my dad is an orthopedic surgeon? Is this a conflict of interest? It may be. This depends on a variety of factors. Would your role ever interact with your dad as a customer? If the answer is yes, then it could be a potential conflict of interest. This is something you must disclose so Advita Ortho can assess the conflict and avoid putting you or your relative in a situation that could be a conflict for either of you.
3. My brother in law is running for political office in the region/province that I live in. Would this be a conflict of interest?
    a. It may be particularly if the political office itself is influential in the healthcare field. Because the position could be one of significant influence, there could be a perceived conflict of interest between your relationship and possible influence over business advantages as it relates to your company. This situation should be disclosed to Advita Ortho.

▪ I certify that I have read, and I understand this part on conflicts of interest and the examples set forth above and agree to comply therewith.	YES ☐	INITIALS
	NO ☐	

▪ I affirm that to the best of my knowledge and belief, I am not a party to a potential conflict of interest or any relationships that conflict or suggest a potential conflict with the best interests of Advita Ortho, except as follows:	YES ☐	INITIALS
	NO ☐	

DESCRIPTION OF RELATIONSHIPS OR POTENTIAL CONFLICT TO REPORT

▪ I agree to disclose promptly to Advita Ortho if any of my answers to this form change in the future, such as becoming a party to a potential conflict of interest.	YES ☐	INITIALS
	NO ☐	
▪ 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 also 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