

|                                                                    |                                  |                                  |                                           |                                                                                |                                  |  |
|--------------------------------------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|--|
| <b>Part I: Description of consignment</b>                          | I.1. Consignor                   |                                  | I.2. IMSOC reference                      |                                                                                | I.2.a. Local reference           |  |
|                                                                    | Name                             |                                  |                                           |                                                                                | I.3. Central Competent Authority |  |
|                                                                    | Address                          |                                  |                                           |                                                                                | I.4. Local Competent Authority   |  |
|                                                                    | Country                          |                                  | ISO Code                                  |                                                                                |                                  |  |
|                                                                    | I.5. Consignee                   |                                  |                                           | I.6. Operator conducting assembly operations independently of an establishment |                                  |  |
|                                                                    | Name                             |                                  |                                           | Name                                                                           |                                  |  |
|                                                                    | Address                          |                                  |                                           | Address                                                                        |                                  |  |
|                                                                    | Country                          |                                  |                                           | Approval Number                                                                |                                  |  |
|                                                                    |                                  |                                  |                                           | Country                                                                        |                                  |  |
|                                                                    |                                  |                                  |                                           | ISO Code                                                                       |                                  |  |
| I.7. Country of origin                                             |                                  |                                  | ISO Code                                  |                                                                                | I.9. Country of destination      |  |
|                                                                    |                                  |                                  |                                           |                                                                                | ISO Code                         |  |
| I.8. Region of origin                                              |                                  |                                  | Code                                      |                                                                                | I.10. Region of destination      |  |
|                                                                    |                                  |                                  |                                           |                                                                                | Code                             |  |
| I.11. Place of dispatch                                            |                                  |                                  | I.12. Place of destination                |                                                                                |                                  |  |
| Name                                                               |                                  |                                  | Name                                      |                                                                                |                                  |  |
| Address                                                            |                                  |                                  | Address                                   |                                                                                |                                  |  |
| Approval Number                                                    |                                  |                                  | Approval Number                           |                                                                                |                                  |  |
| Country                                                            |                                  |                                  | Country                                   |                                                                                |                                  |  |
|                                                                    |                                  |                                  | ISO Code                                  |                                                                                |                                  |  |
| I.13. Place of loading                                             |                                  |                                  | I.14. Date and time of departure          |                                                                                |                                  |  |
| Name                                                               |                                  |                                  |                                           |                                                                                |                                  |  |
| Address                                                            |                                  |                                  |                                           |                                                                                |                                  |  |
| Approval Number                                                    |                                  |                                  |                                           |                                                                                |                                  |  |
| Country                                                            |                                  |                                  | ISO Code                                  |                                                                                |                                  |  |
| I.15. Means of Transport                                           |                                  |                                  | I.16. Transporter                         |                                                                                |                                  |  |
| Mode                                                               | International transport document | Identification                   | Name                                      |                                                                                |                                  |  |
|                                                                    |                                  |                                  | Address                                   |                                                                                |                                  |  |
|                                                                    |                                  |                                  | Approval Number                           |                                                                                |                                  |  |
|                                                                    |                                  |                                  | Country                                   |                                                                                |                                  |  |
|                                                                    |                                  |                                  | ISO Code                                  |                                                                                |                                  |  |
|                                                                    |                                  |                                  | I.17. Accompanying documents              |                                                                                |                                  |  |
|                                                                    |                                  |                                  | Commercial document reference             |                                                                                | Date of issue                    |  |
|                                                                    |                                  |                                  | Country                                   |                                                                                | Place of issue                   |  |
| I.18. Transport conditions                                         |                                  |                                  |                                           |                                                                                |                                  |  |
| Chilled <input type="checkbox"/>                                   |                                  | Ambient <input type="checkbox"/> |                                           | Frozen <input type="checkbox"/>                                                |                                  |  |
| I.19. Container No / Seal No                                       |                                  |                                  |                                           |                                                                                |                                  |  |
| I.20. Certified as                                                 |                                  |                                  |                                           |                                                                                |                                  |  |
| Registered equidae <input type="checkbox"/>                        |                                  |                                  |                                           |                                                                                |                                  |  |
| I.21. For transit through a third country <input type="checkbox"/> |                                  |                                  |                                           |                                                                                |                                  |  |
| Third country                                                      |                                  | ISO Code                         |                                           |                                                                                |                                  |  |
| Exit point                                                         |                                  | BCP code                         |                                           |                                                                                |                                  |  |
| Entry point                                                        |                                  | BCP code                         |                                           |                                                                                |                                  |  |
| I.22. For transit through Member State(s) <input type="checkbox"/> |                                  |                                  | I.23. For export <input type="checkbox"/> |                                                                                |                                  |  |
| Member State                                                       |                                  |                                  | Third country                             |                                                                                |                                  |  |
| ISO Code                                                           |                                  |                                  | ISO Code                                  |                                                                                |                                  |  |
|                                                                    |                                  |                                  | Exit point                                |                                                                                |                                  |  |
|                                                                    |                                  |                                  | BCP code                                  |                                                                                |                                  |  |
| I.24. Estimated journey time                                       |                                  |                                  | I.25. Journey Log                         |                                                                                |                                  |  |
|                                                                    |                                  |                                  |                                           |                                                                                |                                  |  |
| I.27. Total quantity                                               |                                  |                                  | I.28. Total gross weight                  |                                                                                |                                  |  |
|                                                                    |                                  |                                  |                                           |                                                                                |                                  |  |
| I.30. Description of consignment                                   |                                  |                                  |                                           |                                                                                |                                  |  |
| Commodity                                                          | Species                          | Subcategory                      | Sex                                       | Identification system                                                          |                                  |  |
|                                                                    |                                  |                                  |                                           |                                                                                |                                  |  |
| Identification Number                                              |                                  | Age                              | Quantity                                  |                                                                                |                                  |  |
|                                                                    |                                  |                                  |                                           |                                                                                |                                  |  |

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| Part II: Certification | II. Health information                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                        | I, the undersigned official veterinarian, hereby certify that:                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| II.1.                  | The equine animals(1) of the consignment described in Part I meet the following requirements:                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| II.1.1.                | They are accompanied by their single lifetime identification documents as provided for in                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| (2)                    | either ◦ [Article 65, 67 or 68 of Commission Delegated Regulation (EU) 2019/2035, and are not intended for slaughter for human consumption.]                                                                                                                                                                                                                                                                                                                              |  |  |
| (2)                    | or ◦ [Article 65 or 67(1) of Delegated Regulation (EU) 2019/2035, and are intended for slaughter for human consumption.]                                                                                                                                                                                                                                                                                                                                                  |  |  |
| (2)                    | <input type="checkbox"/> [Their single lifetime identification documents were issued in accordance with Article 65(2) or 67(1) of Delegated Regulation (EU) 2019/2035 for registered equine animals as defined in Article 2(30) of that Delegated Regulation.]                                                                                                                                                                                                            |  |  |
| (2)                    | <input type="checkbox"/> [Their single lifetime identification documents include a valid validation mark in accordance with Article 65(1)(i)(i) of Delegated Regulation (EU) 2019/2035.]                                                                                                                                                                                                                                                                                  |  |  |
| II.1.2.                | They have not shown signs or symptoms of diseases listed for equine animals during the clinical examination, which was carried out within the 48 hour period prior to departure of the consignment, or on the last working day prior to departure(3) of the consignment, from the registered establishment, on _____ (insert date dd/mm/yyyy).                                                                                                                            |  |  |
| (2)                    | <input type="checkbox"/> [II.1.3. They are intended to be slaughtered for disease eradication purposes as part of an eradication programme, as provided for in Article 31(1) or (2) of Regulation (EU) 2016/429, and the Member State of destination and, where applicable, the Member State of passage authorised the movement in advance.]                                                                                                                              |  |  |
| II.2.                  | According to official information, the animals described in Part I meet the following health requirements:                                                                                                                                                                                                                                                                                                                                                                |  |  |
| II.2.1.                | They do not come from establishments subject to movement restrictions affecting the species or situated in a restricted zone established for reasons of diseases listed for equine animals, including African horse sickness and infection with Burkholderia mallei (glanders).                                                                                                                                                                                           |  |  |
| II.2.2.                | They come from establishments in which surra (Trypanosoma evansi) has not been reported during the 30 day period prior to their departure, and                                                                                                                                                                                                                                                                                                                            |  |  |
| (2)                    | either ◦ [surra has not been reported in the establishments during the 2 year period prior to their departure.]                                                                                                                                                                                                                                                                                                                                                           |  |  |
| (2)                    | or ◦ [surra has been reported in the establishments during the 2 year period prior to their departure and following the last outbreak the establishments have remained under movement restrictions                                                                                                                                                                                                                                                                        |  |  |
| (2)                    | either ◦ [until the remaining animals in the establishment have been subjected to a test for surra with one of the diagnostic methods provided for in Part 3 of Annex I to Commission Delegated Regulation (EU) 2020/688, carried out, with negative results, on samples taken at least 6 months after the last infected animal has been removed from the establishment.]]                                                                                                |  |  |
| (2)                    | or ◦ [for at least 30 days from the date of cleaning and disinfection of the establishment, after the last animal of listed species on the establishment was either killed and destroyed, or slaughtered.]]                                                                                                                                                                                                                                                               |  |  |
| II.2.3.                | They come from establishments in which dourine has not been reported during the 6 month period prior to their departure, and                                                                                                                                                                                                                                                                                                                                              |  |  |
| (2)                    | either ◦ [dourine has not been reported in the establishments during the 2 year period prior to their departure.]                                                                                                                                                                                                                                                                                                                                                         |  |  |
| (2)                    | or ◦ [dourine has been reported in the establishments during the 2 year period prior to their departure and following the last outbreak, the establishments have remained under movement restrictions                                                                                                                                                                                                                                                                     |  |  |
| (2)                    | either ◦ [until the remaining equine animals in the establishment, except castrated male equine animals, have been subjected to a test for dourine with the diagnostic method provided for in Part 8 of Annex I to Delegated Regulation (EU) 2020/688, carried out, with negative results, on samples taken at least 6 months after the infected animals have been killed and destroyed or slaughtered, or the infected entire male equine animals have been castrated.]] |  |  |

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| Part II: Certification | II. Health information |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                        | (2)                    |  | or ◦ [for at least 30 days from the date of cleaning and disinfection of the establishment, after the last animal of listed species on the establishment was either killed and destroyed, or slaughtered.]]                                                                                                                                                                                                                                                                                                   |
|                        | II.2.4.                |  | They come from establishments in which equine infectious anaemia has not been reported during the 90 day period prior to their departure, and                                                                                                                                                                                                                                                                                                                                                                 |
|                        | (2)                    |  | either ◦ [equine infectious anaemia has not been reported on the establishments during the 12 month period prior to their departure.]                                                                                                                                                                                                                                                                                                                                                                         |
|                        | (2)                    |  | or ◦ [equine infectious anaemia has been reported on the establishments during the 12 month period prior to their departure and following the last outbreak the establishments has remained under movement restrictions                                                                                                                                                                                                                                                                                       |
|                        | (2)                    |  | either ◦ [until the remaining equine animals in the establishment have been subjected to a test for equine infectious anaemia with the diagnostic method provided for in Part 9 of Annex I to Delegated Regulation (EU) 2020/688, carried out, with negative results, on samples taken on two occasions with a minimum interval of 90 days following cleaning and disinfection of the establishment after the infected animals have been killed and destroyed, or slaughtered.]]                              |
|                        | (2)                    |  | or ◦ [for at least 30 days from the date of cleaning and disinfection of the establishment, after the last animal of listed species on the establishment was either killed and destroyed, or slaughtered.]]                                                                                                                                                                                                                                                                                                   |
|                        | II.2.5.                |  | They come from establishments in which Venezuelan equine encephalomyelitis has not been reported during the 6 month period prior to their departure, and                                                                                                                                                                                                                                                                                                                                                      |
|                        | (2)                    |  | either ◦ [during the 2 year period prior to their departure, Venezuelan equine encephalomyelitis has not been reported in the Member State or zone thereof in which the establishments are situated.]                                                                                                                                                                                                                                                                                                         |
|                        | (2)                    |  | or ◦ [during the 2 year period prior to their departure, Venezuelan equine encephalomyelitis has been reported in the Member State or zone thereof in which the establishments are situated, and during the 21 day period prior to departure of the animals referred to in point II.1 all equine animals in the establishments have remained clinically healthy, and                                                                                                                                          |
|                        | (2)                    |  | either ◦ [the animals referred to in point II.1 were kept protected from attacks by insect vectors in a quarantine station, in which any equine animal that showed a rise in daily taken body temperature has been subjected with negative result to a diagnostic test for Venezuelan equine encephalomyelitis with the diagnostic method provided for in Part 10(1)(a) of Annex I to Delegated Regulation (EU) 2020/688, and the animals referred to in point II.1 have been                                 |
|                        | (2)                    |  | either ◦ [vaccinated against Venezuelan equine encephalomyelitis with a complete primary course and revaccinated according to manufacturer's recommendations not less than 60 days and not more than 12 months prior to the date of their departure.]]]                                                                                                                                                                                                                                                       |
|                        | (2)                    |  | or ◦ [subjected to a serological test for Venezuelan equine encephalomyelitis with the diagnostic method provided for in Part 10(1)(b) of Annex I to Delegated Regulation (EU) 2020/688, carried out, with negative results, on a sample taken not less than 14 days after the date of their entry into quarantine.]]]                                                                                                                                                                                        |
|                        | (2)                    |  | or ◦ [the body temperature of the animals referred to in point II.1 has been taken daily, either without a rise or the animals have been subjected to a diagnostic test for Venezuelan equine encephalomyelitis with the diagnostic method provided for in Part 10(1)(a) of Annex I to Delegated Regulation (EU) 2020/688, with negative results, and the animals referred to in point II.1 have been subjected to tests for Venezuelan equine encephalomyelitis with the diagnostic methods provided for in: |

|                                                                                                                                                                                                                                          |                                 |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Part II: Certification                                                                                                                                                                                                                   | II. Health information          |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                          |                                 | -                                                                                                                                             | Part 10(1)(b) of Annex I to Delegated Regulation (EU) 2020/688, without an increase in antibody titre, carried out on paired samples taken on two occasions with an interval of 21 days, the second of which was taken during the 10 day period prior to the date of their departure, and                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                          |                                 | -                                                                                                                                             | Part 10(2) of Annex I to Delegated Regulation (EU) 2020/688, with negative result, carried out on a sample taken within the 48 hour period prior to their departure, and the animals have been protected from attacks by insect vectors after sampling until their departure.]]                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                          | II.2.6.                         |                                                                                                                                               | They come from establishments in which infection with rabies virus in kept terrestrial animals has not been reported during the 30 day period prior to their departure.                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                          | II.2.7.                         |                                                                                                                                               | They come from establishments in which anthrax in ungulates has not been reported during the 15 day period prior to their departure.                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                          | II.3.                           |                                                                                                                                               | To the best of my knowledge and as declared by the operator, the animals come from establishments where there were no abnormal mortalities with an undetermined cause and they have not been in contact with kept animals of listed species which did not comply with the requirements referred to in points II.2.1. to II.2.6. during the 30 day period prior to their departure, and with the requirement referred to in point II.2.7. during the 15 day period prior to their departure. |
|                                                                                                                                                                                                                                          | II.4.                           |                                                                                                                                               | Arrangements are made to transport the consignment in accordance with Article 4 of Delegated Regulation (EU) 2020/688.                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                          | II.5.                           |                                                                                                                                               | This certificate is valid for 10 days from the date of issuing. In the case of transport by waterway/sea of animals, the period of validity of the certificate may be extended by the duration of the journey by waterway/sea.                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                          | (2)(4) <input type="checkbox"/> | II.6.                                                                                                                                         | Since leaving their registered establishments of dispatch and before arriving to this establishment approved for assembly operations, none of the animals of the consignment has undergone more than two assembly operations, and                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                          | (2)                             |                                                                                                                                               | either <input type="radio"/> [they come from registered establishments of dispatch.]]                                                                                                                                                                                                                                                                                                                                                                                                       |
| (2)                                                                                                                                                                                                                                      |                                 | or <input type="radio"/> [at least one of the animals of the consignment has undergone one assembly operation on an approved establishment.]] |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (2)                                                                                                                                                                                                                                      |                                 | or <input type="radio"/> [at least one of the animals of the consignment has undergone two assembly operations on approved establishments.]]  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Animal welfare attestation                                                                                                                                                                                                               |                                 |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| At the time of inspection, the animals covered by this health certificate were fit to be transported in accordance with the provisions of Council Regulation (EC) No 1/2005 on the intended journey due to start on _____ (insert date). |                                 |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                           |                         |                   |           |       |  |
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| <b>Part II: Certification</b>                                                                                                                                                                                                                                                                                               | <b>II. Health information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                           |                         |                   |           |       |  |
|                                                                                                                                                                                                                                                                                                                             | <p><b>Notes:</b></p> <p>In accordance with the Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community, and in particular Article 5(4) of the Protocol on Ireland / Northern Ireland in conjunction with Annex 2 to that Protocol, references to European Union in this certificate include the United Kingdom in respect of Northern Ireland.</p> <p>This animal health certificate shall be completed according to the notes for the completion of certificates provided for in Chapter 2 of Annex I to Commission Implementing Regulation (EU) 2020/2235.</p> <p><b>Part I:</b></p> <p><b>Box reference I.11:</b> “Place of dispatch”: Indicate a registered establishment of dispatch of the equine animals or an establishment approved for assembly operations in accordance with Articles 97 and 99 of Regulation (EU) 2016/429.</p> <p><b>Box reference I.12:</b> “Place of destination”: Indicate a registered establishment of destination or an establishment approved for assembly operations in accordance with Articles 97 and 99 of Regulation (EU) 2016/429.</p> <p><b>Box reference I.17:</b> “Accompanying documents”: In case the animals are dispatched from an establishment approved for assembly operations in the Member State of origin, the reference number(s) of the official document(s), based on which the animal health certificate for this consignment is issued in this establishment approved for assembly operations, may be indicated.</p> <p style="padding-left: 40px;">In case the animals are dispatched from an establishment approved for assembly operations in the Member State of passage, the reference number(s) of the certificate(s), based on which the animal health certificate for this consignment is issued in this establishment approved for assembly operations, must be indicated.</p> <p><b>Box reference I.30:</b> “Identification number”: Indicate for each animal of the consignment the unique code referred to in Article 65(1)(b) of Delegated Regulation (EU) 2019/2035, or the code displayed by the means of identification defined in point (a), (c) or (e) of Annex III to Delegated Regulation (EU) 2019/2035, if the animal is unweaned and accompanies its dam or foster mare.</p> <p><b>Part II:</b></p> <p>(1) There can be one or more animals in the consignment.</p> <p>(2) Delete if not applicable.</p> <p>(3) Option only available in case of equine animals moved in accordance with Article 92(2) of Delegated Regulation (EU) 2020/688.</p> <p>(4) Applicable in case the consignment is dispatched from the establishment approved for assembly operations.</p> |  |  |                           |                         |                   |           |       |  |
| <p><b>Certifying Officer/Official veterinarian</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Name (in capital letters)</td> <td style="width: 50%;">Qualification and title</td> </tr> <tr> <td>Date of signature</td> <td>Signature</td> </tr> <tr> <td>Stamp</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Name (in capital letters) | Qualification and title | Date of signature | Signature | Stamp |  |
| Name (in capital letters)                                                                                                                                                                                                                                                                                                   | Qualification and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                           |                         |                   |           |       |  |
| Date of signature                                                                                                                                                                                                                                                                                                           | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                           |                         |                   |           |       |  |
| Stamp                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                           |                         |                   |           |       |  |
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