
Supplier or subcontractor participation instrument

Through this instrument, the supplier or subcontractor indicated below declares that it agrees to join the ABVTEX Program, in accordance with the terms and conditions specified in the General Regulation available at the Program Portal (www.abvtex.org.br/programaabvtex).

The supplier or subcontractor acknowledge that its Certificate of Approval may be canceled or suspended in the events set forth in the Regulation.

The supplier or subcontractor acknowledges that the photographic record is an integral part of the audit process.

The supplier or subcontractor acknowledge that its acceptance in the ABVTEX Program is a condition necessary for the supply (either direct or indirect) to any of the signatory retailers.

The supplier acknowledges that its list of subcontractors will be disclosed to the audit body, during the audit process, so as to ensure that its subcontractors are also accepted – which conditions are critical to the maintenance of supply to the signatory retailers of the ABVTEX Program.

The supplier is also responsible for keeping its records and the subcontractor list up-to-date in the Program Portal, and shall declare, in the list and in each of its updates, that it corresponds to the correct, complete and updated list of its subcontractors, under penalty of being disqualified from the ABVTEX Program. Such declaration shall be made at the Program Portal; its content shall correspond to the content set forth in ***Schedule 5*** to the Regulation.

ABVTEX clarifies that all information provided and verified at the audits shall only be used for purposes of monitoring by ABVTEX and shall not be used for commercial purposes. Such information will be handled on a limited basis, except in the case of public authorities that require the disclosure of such information.

This instrument must be renewed at every audit stage (preliminary or review).

Corporate Name: _____

CNPJ: _____

State Enrollment Number: _____

Municipal Enrollment Number: _____

Address: _____

Postal Code: _____

District: _____ Municipality/State: _____

Email: _____

Telephone: _____

Indicate here the condition of your company:

() Direct retail supplier

() Subcontractor – Indicate here which company(ies) requested your audit

() Both – Supplier and Subcontractor

The company has more than one CNPJ in the same Plant () yes () no. Which:

I hereby declare that I am aware of the penalties set forth in the General Regulation of the ABVTEX Program.

Name of the Legal Representative: _____

Position: _____

Date: ___/___/_____ Signature: _____ (notarized)

