



# Monitoring Report

1. General information		
Study ID:	<b>H-34 DELTA REVISION</b>	
Principal Investigator:	<b>Dr. Jerzy Bialecki</b>	
Study site ID:	<b>101</b>	
Study site:	<b>Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP Księda Stanisława Konarskiego, 13 - 05-400 Otwock, Poland</b>	
Attendees, Site/Role	Attendees, Monitor (Sponsor/CRO/other)	
<b>Dr Jerzy Bialecki (PI)</b> <b>Dr Julia Macias (SI)</b>	<b>Adam Kogut</b>	
Visit #: 2	Date of Visit: <b>03 Feb 2022</b>	Date of previous visit: <b>18 Nov 2021</b>

## SUBJECT ENROLMENT INFORMATION

Target Number of subjects:					
Number Screened from logs (including failures)	Number Screened failure	Number Enrolled	Number Ongoing	Number Completed	Number withdrawn
					AE Other
10	0	10	9	0	1
Is the recruitment rate satisfactory?		Yes		No	NA
		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Comments					

## 2. Site Staff

Changes to SSDDL since previous visit (if "Yes", please specify below)?	Yes	No	NA
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	There were no changes in site staff since the previous visit.		
Has the assignment of all study personnel remained consistent and the Responsibilities /Signature Log been maintained?	Yes	No	NA
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Are training logs completed and available at the site? (if "No", please specify below)	Yes	No	NA
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	The training logs are present in the ISF, including the new training on ICF process performed on the last MV.		
Are CV and GCP certificates completed and available at the	Yes	No	NA
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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site? (if "No", please specify below)			
Comments	CVs are present for the whole study staff, however, only Dr. Macias' GCP certificate was provided so far to the CRA. The remaining site staff will provide the current GCP certificates for filling after the visit. See CAPA #5		
Are Financial Disclosure (if applicable) completed and available at the site? (if "No", please specify below)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments	FD forms were collected from all site team members and filed in ISF.		

## 3. Administration & Regulatory

Confirm adequate storage space for site records			
Location of Investigator Site File (ISF)	Locked shelf in the medical office available to the study site staff.		
Is the ISF up-to-date (list below the new documents in the ISF if applicable)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments	The following documents were filed during the visit: EC notification, IMV2 confirmation letter, MV1 follow-up letter, correspondence with the site, GCP certificate of Dr. Macias, FD forms signed by all site staff, Declaration of conformity and the updated insurance policy. See CAPA #4		
Has the Site Monitoring Log been updated?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments			
Is the current protocol filled in the ISF?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments	The most current protocol version is 1.1 dated 28 Sep 2020.		
Has the PI signed the protocol signature page and amendments (if applicable)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments	All protocol signature pages are filed in ISF. The most current protocol version is 1.1 dated 28 Sep 2020.		
Is the current ICF filled in the ISF?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments	The current ICF version 1.0 dated 4 Feb 2020..		
Has EC approval of the protocol and amendments (if available) been filed in the ISF?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments	The initial EC approval granted on 9 Sep 2020. A protocol non substantial amendment sent to EC on 26 Nov 2020. The confirmation of receipt dated 26 Nov 2020 and EC notification dated on November 2021 filed in the ISF.		



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Is the insurance current and filed in the ISF?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments	The updated insurance policy no. ITLSCC13149 valid till 30Jun2022 is filed in the ISF. See CAPA #4		

### 4. Medical Device

Study Medical Device:			
Is the Declaration of Conformity current and filed in the ISF?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments			
Is the IDE/510(k) or CE certificate current and filed in the ISF?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments			
Is the device accountability reviewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Comments	No accountability required since this study is post market.		

### 5. Subject Logs

Has the Screening/Enrolment Log been checked and is it up-to-date?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments			
Has the Identification Log up-to-date?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Comments			

### 6. Consent Form

Is there a signed, and dated consent form for each subject enrolled?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Comments	The following ICFs were reviewed during the visit:  Subject 101-02 (#101/02): - 18Nov2021: signed the ICF on 30Sep2021, however no printed name was written by the subject.		



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	<p>The date of signature was written by SI instead of the subject. The site staff was retrained and instructed to collect a statement from the subject confirming that the subject agreed to participate in the study. The statement should be signed with the current date by the subject. See CAPA #3</p> <p>- Update 03Feb2022: the ICF was updated by the subject's statement documenting that on 30Sep2021 he/she agreed to participate in the study (statement personally dated by the subject on 06Dec2021), however, no subject's signature was placed under the statement. The printed name was completed by the subject, however, no date and signature was placed next to that change. See CAPA #3</p> <p><b>Subject 101-03 (#101/04):</b></p> <p>- 18Nov2021: signed the ICF on 11Oct2021, however no printed name was written by the subject on ICF enclosures. The date of signature was written by SI instead of the subject. The site staff was retrained and instructed to collect a statement from the subject confirming that the subject agreed to participate in the study. The statement should be signed with the current date by the subject. See CAPA #3</p> <p>- Update 03Feb2022: no changes from the previous visit. See CAPA #3</p> <p><b>Subject 101-04 (#101/05):</b></p> <p>- 18Nov2021: no signature was placed by the subject. The subject personally printed his/her name on the ICF, however, the date was written by SI instead of the subject. The site staff was retrained and instructed to collect a statement from the subject confirming that the subject agreed to participate in the study. The statement should be signed with the current date by the subject. See CAPA #2</p> <p>- Update 03Feb2022: the ICF was updated by the subject's statement documenting that he/she agreed to participate in the study. The ICF was signed by the subject with the exception of "Secondary use of data" part of the ICF.</p> <p><b>Subject 101-05 (#101/06):</b></p> <p>- 18Nov2021: signed the ICF on 26Oct2021, however the date of signature was written by SI instead of the subject. The site staff was retrained and instructed to collect a statement from the subject confirming that the subject agreed to participate in the study. The statement should be signed with the</p>
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	current date by the subject. See CAPA #3- Update 03Feb2022: no changes from the previous visit.  Subject 101-06 (#101/07): - 18Nov2021: signed the ICF on 25Oct2021, however the date of signature was written by SI instead of the subject. The site staff was retrained and instructed to collect a statement from the subject confirming that the subject agreed to participate in the study. The statement should be signed with the current date by the subject. See CAPA #3- Update 03Feb2022: no changes from the previous visit.  Subject 101-07 (#101/08): - 18Nov2021: signed the ICF on 11Nov2021, however the date of signature and subject's printed name was written by SI instead of the subject. The site staff was retrained and instructed to collect a statement from the subject confirming that the subject agreed to participate in the study. The statement should be signed with the current date by the subject. See CAPA #3 - Update 03Feb2022: the ICF was updated by the subject on 04Jan2022 by crossing out the printed name previously completed by SI. The change was signed and dated by the subject. No subject's statement was obtained documenting that he/she agreed to participate in the study. See CAPA #3  Subject 101-08 (#101/09) correctly signed and personally dated the ICF and enclosures on 21Nov2021. No issues were noted.  Subject 101-09 (#101/10) correctly signed and personally dated the ICF and enclosures on 04Jan2022. No issues were noted.  Subject 101-10 (#101/11) correctly signed and personally dated the ICF and enclosures on 19Jan2022. No issues were noted.		
Has consent been documented in the subject notes?	Yes	No	NA
Comments	The supplementary notes with the current date documenting the whole consenting process were completed during the MV. See CAPA #7		
Has a consent form been signed and dated by the subject/s before or on the day that any study-related	Yes	No	NA



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procedures were performed?			
Comments		All subjects enrolled since the last visit correctly signed the ICF. The consenting process was documented in medical documentation during the MV. The site staff was reminded that the consenting process must be documented for each subject.	
Is the Informed Consent Process conducted by site staff delegated per SSDDL (if "No", please provide a comment below)?	Yes	No	NA
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 7. Source Data Review: Confirm subject eligibility

New patients since previous MV

Subject #	ICF V.#	Date of consent	Surgery Date	ICP appropriate	Subject meets all Inclusion criteria	Subject does not meet all Exclusion criteria	Comments
101-08	1.0	21Nov2021	22Nov2021	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
101-09	1.0	04Jan2022	10Jan2022	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
101-10	1.0	19Jan2022	19Jan2022	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

### 8. Source Data Verification

Confirm source documents are accurate, complete and current

Nature of source data (electronic vs. paper; access; etc.)	The SD was printed out for all subjects, however, the consenting process and eligibility was documented as a supplementary documentation during the MV.  eCRF was used as SD for some of the data. Including race, intensity of activity daily living, work status, smoking habits, alcohol drinking habits and radiographical description including presence of osteophytes and presence of cystis. The site staff will provide the updated medical documentation signed with the current date to support the data completed into the eCRF.
Are the source documents adequate, available and up-to-date?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Comments	The consenting process and subjects' eligibility was documented during the MV (See CAPA #7). The eCRF was used as SD for race, intensity of activity daily living, work status, smoking habits, alcohol drinking habits and radiographical description including presence of osteophytes and presence of cystis.  The site staff was retrained and asked to provide supplementary notes with the current date.
Source data entries are consistent with SSDDL? (if "No",	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>



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please provide a comment below)				
Comments				
Is each subject in compliance with the protocol and amendments (if applicable)?		Yes	No	NA
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments		See CAPA #3 and #7		
Are the CRFs properly completed, in compliance with CRF guidelines and are they up-to-date?		Yes	No	NA
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments		Due to lack of SI's time no all queries were resolved and CRF corrected during the visit. The SI was asked to correct the CRF as soon as possible after the visit.		
Have CRF corrections been made in the proper manner by authorised personnel?		Yes	No	NA
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Has SDV been performed as agreed (and documented)?		Yes	No	NA
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments		Due to a large size of past and current medical documentation (approx. 150 pages per subject) mostly the Pre-Operative visit and eligibility verification was performed.		
Have SDV discrepancies been noted? Please list in the comment box if any.		Yes	No	NA
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Have any withdrawals been noted in the subject notes?		Yes	No	NA
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments				
Have any data queries been addressed at this visit?		Yes	No	NA
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments		Due to lack of SI's time no all queries were resolved and CRF corrected during the visit. All other open queries will be resolved after the visit.		

Verify overall data reported is reflective of source data			
Subject #	Visit	Checked	Comment
101-1	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-1	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-2	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.



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101-2	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-3	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-3	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-4	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-4	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-5	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-5	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-6	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-6	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-7	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-7	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-8	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-8	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-9	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-9	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review
101-10	Pre-operative Visit	<input checked="" type="checkbox"/>	Eligibility review.
101-10	Intraoperative Visit	<input checked="" type="checkbox"/>	Partial review



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9. Adverse Events (AE)			
New Adverse Events occurred since last MVR?	Yes	No	NA
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subject #	Description (i.e. diagnosis, onset & end date, outcome, therapy, MD relationship, comments)		

10. Serious Adverse Events (SAE)			
Has a New Serious Adverse Events occurred since last MVR? (please provide information in table below)	Yes	No	NA
	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Was the Sponsor notified within the timelines as per protocol?	Yes	No	NA
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comment	<b>The Sponsor was informed with a delay about the SAE due to site's staff mistake.</b>		
Was the EC/IRB notified by clinical site?	Yes	No	NA
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comment	The EC will be informed about the protocol deviation due to ICF process.		
Is there appropriate documentation regarding SAEs (how to report them, blank forms and any completed forms) contained within the ISF and SD?	Yes	No	NA
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment			

Subject #	Description (e.g.: onset & end date, outcome, diagnosis, therapy, comments)				
101/09	Onset date	End date	Status	Intensity	Relation with MD
	01Dec2021	10Dec2021	Resolved	Severe	Not related
	Diagnosis	Cup loosening			
	Therapy	Revision surgery			
	Sponsor notified	07Dec2021			
101/05	Comment	Patient withdrawn			
	Onset date	End date	Status	Intensity	Relation with MD
	20Oct2021	27Oct2021	Resolved	Severe	Not related
	Diagnosis	Intraoperative fracture of femur shaft			
	Therapy	intraoperative reduction and fixation of the fracture			
	Sponsor notified	03Feb2022			
	Comment	CAPA #9			



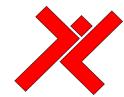
# Monitoring Report

101/10	Onset date	End date	Status	Intensity	Relation with MD
	14Jan2022	NA	Ongoing	Moderate	Not related
	Diagnosis	Chronic heart failure			
	Therapy	Concomitant medication			
	Sponsor notified	19Jan2022			
Comment					

10.1 New Information on previous Serious Adverse Events (SAE)							
		Yes	No	NA			
New information available for previous SAEs (please provide information in section 10.1)?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
#	Description						
	Reference MVR	Reference SAE #					
	Onset date	End date	Status	Intensity	Relation with MD		
	Diagnosis						
	Therapy						
	Sponsor notified						
	Comment						

11. Corrective and preventive actions (Follow-up Items)					
Ensure appropriate corrections, additions, or deletions are made, dated, explained and signed					
Are issues identified during the MV? Please update the table below with the issues		Yes	No	NA	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#	Issue Date	Finding	Action Required	Action Taken	Status (closed/open)
1	18Nov2021	Subject 101/3 doubled in the e-CRF	Subject 101/3 should be removed from e-CRF	Informing the Sponsor to remove the subject from the list of subjects	Closed



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2	18Nov2021	Subject 101-4 did not sign ICF	To collect from the subject a statement confirming that the subject agreed to participate in the study. The statement should be signed with the current date by the subject.  To check with the subject the reason why "Secondary use of data" part of the ICF was not signed.	The site staff was retrained and instructed to collect a statement from the subject.  Update 03Feb2022: the ICF was updated by the subject's statement documenting that he/she agreed to participate in the study. The ICF was signed by the subject with the exception of "Secondary use of data" part of the ICF.	Open
3	18Nov2021	Subjects 101-2 – 101-7 did not personally date the ICF	To collect from the subject a statement confirming that the subject agreed to participate in the study. The statement should be signed with the current date by the subject.	The site staff was retrained and instructed to collect a statement from the subject.  Update 03Feb2022: the statement collected from subjects 101-2 and 101-4.  The missing signed statement that have not been collected during the recent visits of the patients at site, will be collected during their next visit at site.	Open
4	18Nov2021	Updated insurance policy not filed in the ISF	To file the updated version of the insurance policy	Sponsor was informed about the need of the copy of updated insurance policy.  Update: The updated insurance policy was filed in the ISF.	Closed



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5	18Nov2021	Lack of copies of current GCP certificates from the site staff	To file the current GCP certificates in ISF	Site staff was asked to provide the GCP certificates.  Update: The GCP certificate of Dr. Macias was collected and filed in ISF.	Open
6	18Nov2021	Lack of printed out SD	To print out the SD of all subjects	The site staff was asked to provide printed out SD	Closed
7	18Nov2021	Consent process not documented in subjects notes from patients 101-01 to 101-07	To provide supplementary notes with the current date documenting the whole consenting process.	The site staff was retrained and instructed to provide supplementary notes.  Update: The consenting process was documented during the MV.	Closed
8	11Jun2021	Missing laboratory certificates	To collect the missing laboratory certificates from the site local laboratory.	The site staff was asked to collect the laboratory certificates.	Closed
9	3 Feb2022	SAE communication and process for subject number 101-	The site should be retrained on SAE communication process.	The site has been retrained.	Closed
10	03Feb2022	Pending queries	To resolve pending queries	The site staff was asked to resolve pending queries not resolved during the visit.	Open



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11	03Feb2022	eCRF was used as SD for some of the data. Including race, intensity of activity daily living, work status, smoking habits, alcohol drinking habits and radiographical description including presence of osteophytes and presence of cystis.	To provide the updated medical documentation signed with the current date to support the data completed in eCRF.	Site staff was asked to provide the updated medical documentation.	
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### 12. Discussion with Principal investigator

Ensure appropriate corrections, additions, or deletions are made, dated, explained and signed

Topics	The current open issues were discussed with PI.
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### 13. Closure of Monitoring Visit Report

Comment	<p>The purpose of this monitoring visit was to perform SDV on completed CRFs as well as consenting procedures and overall site performance with respect to ICH-GCP and ISO 14155 requirement.</p> <p>During the visit the consenting process was verified, subjects' eligibility was checked as well as SDV was performed.</p>
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Role	Name and Surname	Date	Signature
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Written by: CRA Adam Kogut

18/2/2022 | 15:01 CET

DocuSigned by:  
Adam Kogut  
 Signer Name: Adam Kogut  
Signing Reason: I am the author of this document  
Signing Time: 18/2/2022 | 15:01 CET  
9D23805603764291AFE4F20144B06401

Approved by: CMCL Federica Azzimonti

18/2/2022 | 15:58 CET

DocuSigned by:  
Federica Azzimonti  
 Signer Name: Federica Azzimonti  
Signing Reason: I approve this document  
Signing Time: 18/2/2022 | 15:58 CET  
F76117269A994B43A353A3F6CBA0F6D9

**Certificate Of Completion**

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 Certificate Pages: 5  
 AutoNav: Enabled  
 EnvelopeD Stamping: Disabled  
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<b>Editor Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>

<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	2/18/2022 2:45:42 PM
Certified Delivered	Security Checked	2/18/2022 3:58:40 PM
Signing Complete	Security Checked	2/18/2022 3:58:55 PM
Completed	Security Checked	2/18/2022 3:58:55 PM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
<b>Electronic Record and Signature Disclosure</b>		

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### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact LIMACORPORATE S.p.A:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by phone call: +39 0432945511

To contact us by email send messages to: info@limacorporate.com

### **To advise LIMACORPORATE S.p.A of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at and in the body of such request you must state: your previous email address, your new email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from LIMACORPORATE S.p.A**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to and in the body of such request you must state your email address, full name, mailing address, and telephone number.

### **To withdraw your consent with LIMACORPORATE S.p.A**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to info@limacorporate.com and in the body of such request you must state your email, full name, mailing address, and telephone number. . .

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify LIMACORPORATE S.p.A as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by LIMACORPORATE S.p.A during the course of your relationship with LIMACORPORATE S.p.A.