



FRENCH REPUBLIC
LONG-STAY VISA APPLICATION FORM

This application form is free

**IDENTITY
PHOTOGRAPH**

EMBASSY OR CONSULATE STAMP	BOX FOR VISA NUMBER STICKER														
1. Surname (Family name) ASSUNCAO DE ALMEIDA			For official use only												
2. Former surname(s)			Application date :												
3. First name(s) Lucas			Application number : FRA1RE20237001998												
4. Date of birth (day-month-year) 18/04/1988	5. Place of birth FORTALEZA, CE	7. Current nationality Brazilian	Processing officer(s) :												
	6. Country of birth Brazil	Nationality at birth, if different :													
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9. Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify) :														
10. For minors : Surname, first name, address (if different from applicant's) and nationality of parental authority / legal guardian															
11. National identity number, where applicable : 2006009046739															
12. Type of travel document		<input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Official passport <input checked="" type="checkbox"/> Ordinary passport	<input type="checkbox"/> Service passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify) :												
13. Number of travel document FT521571	14. Date of issue (DD/MM/YY) 28/06/2017	15. Valid until (DD/MM/YY) 27/06/2027	16. Issued by Brazil												
17. Applicant's home address (no., street, city, postcode, country) RUA DOUTORA SOCORRO AZEVEDO, 140, APTO 103 60810400 FORTALEZA, CE Brazil															
18. Email address lucas.suncao88@gmail.com	19. Telephone number(s) +5585996338699														
20. If you are resident in a country other than the country of current nationality, please state :															
Number of residence permit	Date of issue	Valid until													
21. Current occupation Computer engineer															
22. Employer (employer's address, email and telephone number) - For students, name and address of educational institution ARCELORMITTAL AV. BRG. EDUARDO GOMES, 526 29160904 VITORIA, ES Brazil +552733481333															
23. I request a visa for the following purpose : <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> Employment</td> <td style="width: 25%;"><input type="checkbox"/> Studies</td> <td style="width: 25%;"><input type="checkbox"/> Training period/education</td> <td style="width: 25%;"><input type="checkbox"/> Marriage</td> </tr> <tr> <td><input type="checkbox"/> Family stay</td> <td><input type="checkbox"/> Private stay/Visitor</td> <td><input type="checkbox"/> Medical reasons</td> <td><input type="checkbox"/> Re-entry visa</td> </tr> <tr> <td><input type="checkbox"/> Official taking up of duties</td> <td colspan="3"><input type="checkbox"/> Other (please specify) :</td> </tr> </table>				<input checked="" type="checkbox"/> Employment	<input type="checkbox"/> Studies	<input type="checkbox"/> Training period/education	<input type="checkbox"/> Marriage	<input type="checkbox"/> Family stay	<input type="checkbox"/> Private stay/Visitor	<input type="checkbox"/> Medical reasons	<input type="checkbox"/> Re-entry visa	<input type="checkbox"/> Official taking up of duties	<input type="checkbox"/> Other (please specify) :		
<input checked="" type="checkbox"/> Employment	<input type="checkbox"/> Studies	<input type="checkbox"/> Training period/education	<input type="checkbox"/> Marriage												
<input type="checkbox"/> Family stay	<input type="checkbox"/> Private stay/Visitor	<input type="checkbox"/> Medical reasons	<input type="checkbox"/> Re-entry visa												
<input type="checkbox"/> Official taking up of duties	<input type="checkbox"/> Other (please specify) :														



24. Name, address, email address and telephone number in France of inviting employer / host institution / family member, etc.

UNIVERSITE LE HAVRE NORMANDIE

25 RUE PHILIPPE LEBON

76600 LE HAVRE

France

louis.sautrel@univ-lehavre.fr

25. What will be your address in France during your stay ?

26. Intended date of entry into France or the Schengen Area

27. Intended duration of stay on the territory of France

Between 3 and 6 months From 6 months to one year More than one year

28. If you intend to stay in France with members of your family, please state :

Family relationship	Surname(s), first name(s)	Date of birth (DD/MM/YY)	Nationality

29. What will be your means of support in France ?

Will you be granted a scholarship ?

YES NO

If yes, write the name, address, email address and telephone number of the institution and the amount of the scholarship :

30. Will you be supported by one or several person(s) in France ?

 YES NO

If yes, state their name, nationality, occupation, email address and telephone number :

UNIVERSITE LE HAVRE NORMANDIE
 25 RUE PHILIPPE LEBON
 76600 LE HAVRE
 France
 louis.sautrel@univ-lehavre.fr

31. Are members of your family resident in France ?

 YES NO

If yes, state their name, nationality, relationship with you, address, email address and telephone number :

32. Have you been resident in France for more than three consecutive months ?

 YES NO

If yes, specify at which date(s) and for what purpose

At which address(es) ?

I am aware of and consent to the following : the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant French authorities and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul or revoke a visa issued will be entered into, and stored in the French VISABIO biometric database for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at borders, national immigration and asylum authorities for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of France are fulfilled, and of identifying persons who do not or who no longer fulfil these conditions. Under certain conditions the data will also be available to designated French authorities and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The French authority responsible for processing the data is : Commission nationale de l'Informatique et des Libertés (CNIL) - 3 place de Fontenoy- TSA 80715 - 75334 PARIS CEDEX 07.

Pursuant to Act No 78-17 of 6 January 1978 on Data Processing, Files and Individual Liberties, I am aware that I have the right to obtain from the French government the communication of the data relating to me recorded in the VISABIO database and the right to request that such data which are inaccurate be corrected or possibly deleted only if processed unlawfully. This right of access to and possible correction of such data shall be exercised by applying to the head of mission or consular post. It may be possible to refer to the National Commission on Data Processing and Liberties (CNIL) if I choose to question the conditions under which the personal data relating to me are protected.

I am aware that any incomplete application will increase the risk of my visa application being refused by the consular authority and that the said authority may have to retain my passport while my application is being processed.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under French law.

I have been informed that if over two months have elapsed with no reply since I submitted my request and received a receipt as proof, this implicitly means that my request has been denied. This decision can be contested through the Commission des recours contre les décisions de refus de visa (Appeals Commission for denied visas) , BP 83.609, 44036 Nantes CEDEX 1, France, within two months of the implicit decision I undertake to leave the French territory before the expiry of the visa, if granted, and if I have been refused the right to stay in France after the expiry of the visa.

I have been informed that the informative booklet "Venir vivre en France" ("Living in France") is available on the following websites : www.immigration.interieur.gouv.fr and www.ofi.fr

Place and date

Signature (for minors, signature of the parental authority / legal guardian)



France-Visas

The official website for visa application to France

Registration receipt

On 14/06/2023, your information has been recorded by the France-Visas system.

Reference of the application : FRA1RE20237001998

Last name/s : ASSUNCAO DE ALMEIDA

First name/s: Lucas

Birth date (DD/MM/YYYY): 18/04/1988



FRA1RE20237001998

REQUIRED SUPPORTING DOCUMENTS TO SUBMIT YOUR APPLICATION

The day of your appointment, thank you for coming with originals and copy of all documents listed below, translated into French / English or Spanish (if accepted by the visa center)*.

If you are a student and have scanned all your supporting documents, please bring the originals of the documents listed below only.

FORMS

- Signed and dated application form
- Receipt France-Visas

PRE-REQUISITES

A travel document, issued less than 10 years ago, containing at least two blank pages, with a period of validity at least 3 months longer than the date on which you intend to leave the Schengen Area or, in the case of a long stay, at least three months longer than the expiry date of the visa requested. Be sure to transmit (scan) ALL PAGES of your travel document containing visas, entry and exit stamps or any other inscription.

- Um documento de viagem, emitido há menos de 10 anos, com pelo menos duas páginas em branco, válido por pelo menos três meses após a data em que você pretende deixar o espaço Schengen ou, no caso de uma longa estadia, válido por pelo menos três meses após a data de expiração do visto solicitado. Por favor, certifique-se de enviar (digitalizar) TODAS as páginas de seu documento de viagem contendo vistos, carimbos de entrada e saída ou qualquer outra inscrição.
- ID photograph.
Fotografia de identidade.
- If you are not a national of your country of residence: proof that you are legally resident in that country (e.g. residence permit).
Se você não é cidadão de seu país de residência: comprovante de residência legal nesse país (autorização de residência, etc.).
- If you have an official travel document, a note verbale is required.
Se você for o detentor de um documento de viagem oficial, uma nota verbal é necessária.

PURPOSE OF TRAVEL/STAY

- Agreement to host a researcher or teacher-researcher issued by an accredited organization.
Acordo para receber um pesquisador ou professor-pesquisador emitido por uma organização aprovada.
- Diploma of a Master's degree or higher.
Um diploma pelo menos equivalente a um mestrado.

APPLICABLE VISA FEE

On the day of your appointment, you will have to pay the application fee of : 99 €**, or about 532.26 BRAZILIAN REAL.

What currency is accepted? What are the payment method types? Please read the Fees section after choosing the pages specific to your local. You will find information on the fees and, more generally, the most accurate information for your visa application. In the case where the submission of your application is made with a service provider, service fees will be collected.

* Please note : if any documents are missing, this may lead to the non-issuance of the visa you have applied for. The visa center reserves the right to ask for further documentation and information.

** This amount is for informational purposes only. Certain individual cases may give rise to different prices, in accordance with applicable regulations.

Bucas Anunciação de Almeida

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FT521571

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE PAÍS EMISSOR / ISSUING COUNTRY

PASSAPORTE N° / PASSPORT N°

FT521571



NAME / GIVEN NAMES

LUCAS

LUCAS NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

BRASILEIRO(A)
DATA DO NASCIMENTO / DATE OF BIRTH

DENTIDADE N° / PERSONAL N°

18 ABR/APR 1988

18 ABR

NATURALIDADE / PLACE OF BIRTH

11

SILVANA VALERIA ASSUNCAO DE ALMEIDA

EUGENIO AUGUSTO DE ALMEIDA NETO

DATA DE EXPEDIÇÃO: 10/07/2018

DATA DE EXPEDIÇÃO / DATE OF
28 JUNHO 2017

28 JUN/JUN 2017

AUTORIDADE / AUTHORITY

SR/DPF/CE

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

E recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

E responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

4

16.07.19 15

AMSTERDAM SCHIPHOL
G 571

19.07.19 15

AMSTERDAM SCHIPHOL.
G 205

VISTOS / VISAS

6 VISTOS / VISAS

VISTOS VISAS

MOET ZICH AANMELDEN BIJ HET
GEMEENTEBESTUUR BINNEN DE
ACHT WERKDAGEN NA AANKOMST



VDBELASSUNCAO<DE<ALMEIDA<<LUCAS<<<<

0501227652BRA8804189M2110019<M<<1001



REPUBLIQUE FRANCAISE

CONVENTION D'ACCUEIL D'UN CHERCHEUR OU D'UN ENSEIGNANT ETRANGER

En vue de l'admission au séjour en France en qualité de chercheur ou enseignant d'un étranger non ressortissant de l'Union européenne, de l'Espace économique européen ou de la Confédération suisse, titulaire d'un diplôme de niveau master ou équivalent, accueilli par un organisme français agréé à cet effet, pour y exercer une activité de recherche ou d'enseignement de niveau universitaire. (en application du 4^e de l'article L.313-20, des articles R.313-53 R.313-54 et R.313-56 du code de l'entrée et du séjour des étrangers et du droit d'asile, de l'article R. 5221-3 du code du travail et de la Directive (UE) 2016/801 du Parlement européen et du Conseil du 11 mai 2016 relative à une procédure d'admission spécifique des ressortissants de pays tiers aux fins de recherche scientifique, notamment ses articles 7 à 10).

Cadre C	INFORMATIONS RELATIVES A L'ACCUEIL DANS L'ETABLISSEMENT		
<p>Durée prévue du séjour : du 01/09/2023 au 30/08/2025</p> <p><input type="checkbox"/> Un projet de mobilité intra-européenne est-il prévu ? <input type="checkbox"/> OUI <input checked="" type="checkbox"/> NON</p> <p>Si oui, indiquer :</p> <ul style="list-style-type: none"> - La durée : - Le pays ou les pays de destination : - L'objet de la mobilité : <p>Les qualifications et les diplômes requis du chercheur ont été reçus et attestés : <input checked="" type="checkbox"/> OUI <input type="checkbox"/> NON</p> <p>Pour une activité de [plusieurs cases possibles] :</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> recherche <input type="checkbox"/> enseignement universitaire <p>Sous le statut de [plusieurs cases possibles] :</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Salarié dont le salaire est versé en France (hors doctorant salarié) <p>Durée du contrat conclu : 24 mois Montant du salaire brut mensuel : 3 930€</p> <input type="checkbox"/> Doctorant salarié en France [préciser le statut et le(s) source(s) de financement(s) et leurs montants] <p>Statut :</p> <ul style="list-style-type: none"> <input type="checkbox"/> contrat doctoral de droit français <input type="checkbox"/> autre contrat de travail de droit français lié à un projet de recherche ou d'enseignement supérieur <input type="checkbox"/> Convention Industrielle de Formation par la Recherche (CIFRE) <p>Montant du financement mensuel (préciser brut ou net) :</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chercheur invité restant employé par son institution d'origine <input type="checkbox"/> Doctorant ou chercheur accueilli dans le cadre d'une convention de séjour de recherche en application de l'article L. 434-1 du Code de la recherche <p>Montant du financement mensuel (intégrant éventuellement le complément prévu au III de l'article L. 434-1 précité) :</p> <p>.....</p> 			
Cadre D	ATTESTATION		
<p>Le chercheur ou l'enseignant étranger atteste sur l'honneur l'exactitude des déclarations ci-dessus et s'engage à mener à bien l'activité de recherche ou d'enseignement pour laquelle il est accueilli :</p> <p>Fait à Fortaleza, Brésil le 02/05/2023. Signature : Lucas Assunção de Almeida</p> <p>Représentant légal de l'organisme d'accueil :</p> <p>Nom (M) : LAGES DOS SANTOS Prénom : PEDRO Qualité (Président, Directeur, etc.) PRESIDENT DE L'UNIVERSITE LE HAVRE NORMANDIE</p> <p>Le représentant légal de l'organisme d'accueil atteste sur l'honneur l'exactitude des déclarations portées sur ce document, certifie accueillir en qualité de chercheur ou d'enseignant aux fins de la réalisation de l'activité de <i>recherche</i></p> <p>(M.) : Lucas Assunção de Almeida</p> <p>Il atteste également que ce dernier bénéfice des ressources requises pour couvrir ses frais de séjour en France et son rapatriement dans son pays d'origine et s'engage à ce qu'il bénéficie d'une couverture santé pour la durée de son séjour ainsi que d'une couverture contre les accidents qui pourraient survenir à l'occasion de son travail de recherche ou d'enseignement au sein de l'organisme d'accueil</p> <p>Fait à <u>Le Havre</u> le <u>26/05/23</u></p> <p>Signature du représentant légal de l'organisme d'accueil <i>Signature of the referent, responsible for the hosting</i></p> <p>Cachet de l'organisme</p> <p>Pour le Président et par délégation La Directrice Générale des Services de l'Université du havre</p> <p>Julieta LE LUYER</p>			

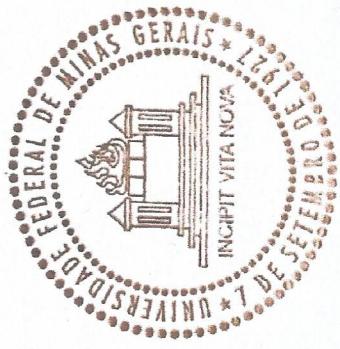
República Federativa do Brasil
UNIVERSIDADE FEDERAL DE MINAS GERAIS

A Reitora da Universidade Federal de Minas Gerais, Professora Sandra Regina Goulart Almeida,
no uso de suas atribuições, confere a

Lucas Assunção de Almeida

o grau de Doutor em Engenharia de Produção,
área de concentração Pesquisa Operacional e Intervenção em Sistemas Sociotécnicos
e outorga-lhe o presente diploma, nos termos da legislação vigente.

Belo Horizonte, 5 de outubro de 2020.



Diplomado

Reitora

Sandra Regina Goulart Almeida

DIPLOMADO: LUCAS ASSUNÇÃO DE ALMEIDA

Data de Nascimento: 18 de abril de 1988

Naturalidade: Ceará

Nacionalidade: Brasileira

Documento de Identidade: 2006009046739/CE

MINISTÉRIO DA EDUCAÇÃO	
UNIVERSIDADE FEDERAL DE MINAS GERAIS	
Registro eletrônico nos termos da	
Lei Nº 9.394/96 de 20/12/1996 -- Artigo 48 – Parágrafo 1º	
Número Proc. nº	<u>08/0043</u> <u>2020/11.000019</u>
Belo Horizonte,	<u>09 novembro 2020</u>
<i>Maurer</i>	
<i>RR</i>	
Luciana Moreira de Avellar Diretora da Divisão de Registro de Diplomas	
Mara Inez Corrêa de Souza Pires	
Doutora do Departamento de Direito e Ciências Acadêmicas	

Data da defesa: 19 de agosto de 2019.

Curso de Pós-Graduação em Engenharia de Produção, nível Doutorado

Reconhecimento homologado pelo CNE (Portaria nº 609, de
14 de março de 2019, publicada no D.O.U. de 18/03/2019,
Seção 1, Págs. 63-164).

Oller

Setor de Expedição de Diplomas/PRPC



APOSTILA
Assina o presente diploma como Diretor do
Departamento de Registro e Controle Acadêmico
Leonardo Xavier Rapini
Vice-Diretor / Assinante 1808779



Federative Republic of Brazil
Hamilton Moura Ribeiro
Tradutor e Intérprete Público – Inglês/Português
Certified Public Translator and Interpreter – English/Portuguese
Registration JUCEC TIP – 0410511 | CPF/TIN 391.452.123-68 | RG/ID 2017168610-6

Translation No. 464/2021 – Page 01/02

Book No. 39 – Page 294/400

I, the undersigned, a sworn Translator in and for this State, registered at the Trade Board of Ceará under # 0410511, hereby DECLARE to have received a document written in Portuguese for the translation into ENGLISH, which I did faithfully, to the best of my ability, as follows:

Federative Republic of Brazil
UNIVERSIDADE FEDERAL DE MINAS GERAIS
FEDERAL UNIVERSITY OF MINAS GERAIS

The President of the Federal University of Minas Gerais,

Professor Sandra Regina Goulart Almeida,

by the powers vested in her, confers upon

Lucas Assunção de Almeida

the Doctor's Degree in Production Engineering,

area of concentration Operational Research and Intervention in Sociotechnical Systems,

and awards him the present Diploma, in accordance with the current legislation.

Belo Horizonte, October 05, 2020.

Illegible signature

President

Graduate

(Stamp of the Federal University of Minas Gerais.)

[back]

GRADUATE: LUCAS ASSUNÇÃO DE ALMEIDA

Date of birth: April 18, 1988

Place of birth: Ceará

Nationality: Brazilian

ID No. 2006009046739/CE

MINISTRY OF EDUCATION
UNIVERSIDADE FEDERAL DE MINAS GERAIS
FEDERAL UNIVERSITY OF MINAS GERAIS

Registration made in accordance with Law No. 9.394/96 of 12/20/1996 – Article 48 –
Paragraph One.

Address: Rua Major Facundo, 1637 – Centro – CEP 60.025-101 – Fortaleza/CE – Brazil
E-mail: hamilton.moura@gmail.com – Phone No. +55 85 3251.1907 – Cell Phone No +55 85 98875.9526

TPIC 0410511 / Hamilton Moura Ribeiro
Signature



Federative Republic of Brazil
Hamilton Moura Ribeiro
Tradutor e Intérprete Público – Inglês/Português
Certified Public Translator and Interpreter – English/Portuguese
Registration JUCEC TIP – 0410511 | CPF/TIN 391.452.123-68 | RG/ID 2017168610-6

Translation No. 464/2021 – Page 02/02

Book No. 39 – Page 295/400

Number 98/243 | Book RD.2020/1
Process No. 2020/11.00019
Belo Horizonte, November 09, 2020.

Illegible signature
Luciana Moreira de Avelar
Head of the Division of Diploma Registration

Illegible signature
Maria Inez Corrêa de Souza Pires
Head of the Department of Academic Registration and Control

Dissertation Defense Date: August 19, 2019.
Graduate Studies Program in Production Engineering, Doctor's Degree Level

Accreditation ratified by CNE/Federal Board of Education (Directive No. 609, of March 14, 2019, published on the D.O.U./Federal Official Gazette of 03/18/2019, Section 1, pages 63-164)

Illegible signature
Diploma Issuance Section/PRPG-Office of the Dean for Graduate Studies

APOSTILLE

Leandro Xavier Rapini | Vice-Director | Siape 1908779
signs the present diploma as Director of the Department of Registration and Academic Control

The original document contained nothing further. I certify that the above is a true, faithful, and unabridged rendering into English of the original Portuguese version. In witness whereof, I set my hand and seal, on the date and in the city mentioned below.

Fortaleza/CE, October 11, 2021.
Fees: R\$ 75.00 (BRL)

HAMILTON MOURA RIBEIRO
TRADUTOR E INTÉPRETE PÚBLICO
CERTIFIED PUBLIC TRANSLATOR AND INTERPRETER
ENGLISH/PORTUGUESE – REGISTRATION JUCEC TIP – 0410511
TRANSLATION No. 464/2021
BOOK No. 39
PAGES No. 294, 295

Hamilton Moura Ribeiro
Certified Public Translator and Interpreter - English/Portuguese
Registration JUCEC TIP - 041
CPF/TIN: 391.452.123-68