



CERTIFICADO

CEPA MOBILITY CARE

Para:

Por haber participado del entrenamiento: **Xxxxxxxxxxxx**

Tipo de treinamento:

Fecha: XX/XX/XXXX

Validad: XX/XX/XXXX

A handwritten signature in black ink, appearing to read 'Rosina Cammarota', is written over a horizontal line.

ROSINA CAMMAROTA
Country manager
CEPA Brasil