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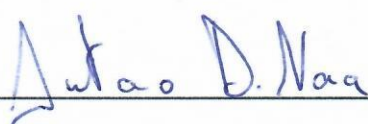
Visit Receipt & A7 Coversheet

SMO	Functional Location	SAP Material
9636270	VIAMED-0009370214-000	200478787
9654836	VIAMED-0009370214-001	200607767

Please sign below to acknowledge receipt of the assessment visit described in this report.

Signature:  Date: 19/9/2019

Print name: D LAMB

BSI signature:  Date: 19/10/2019 ^{9 Dda 19/9/2019}

Print name: ANTONIO Di Noia