

Third Party Compliance Declaration

			(ind	cluding	its	owner	s, part	ners,	officer	s, c	lirecto	ors,
executives,	employees,	shareholders,	parent	compa	nies	and	subsidia	aries,	hereina	after	as	the
"Company")	hereby prov	ides this letter	to CEN	ИEX, S	.A.B.	de C.	V., its	subsid	iaries	and	affilia	ates
(hereinafter	as "CEMEX"	") to certify its	commitm	nent to	comp	oly with	n all app	olicable	e laws	and	CEM	1EX
policies.						•						

The Company, represents and certifies that they are familiar and agree to comply with:

- A. Code of Ethics and Business Conduct ("Our Code") https://www.cemex.com/documents/d/cemex/code-of-ethics
- B. Code of Conduct when Doing Business with Us https://www.cemex.com/documents/d/cemex/supplier-code-conduct-eng
- C. Global Anti-Corruption Policy https://www.cemex.com/documents/d/cemex/global-anti-corruption-policy
- D. Global Anti-Money Laundering Policy. https://www.cemex.com/documents/d/cemex/global-anti-money-laundering-policy-eng

Note: All policies can be found in https://www.cemex.com/sustainability/policies-positions/policies

The Company certifies that the representations contained in this Third Party Compliance Declaration are true and complete with the intent that CEMEX rely upon them.

The Company further agrees that if future developments, including but not limited, to a failure to comply with any of CEMEX's policies and standards referenced herein, cause the representations and certifications provided herein to no longer be accurate or complete and will promptly send CEMEX a written statement detailing the causes and extent of the changes.

agent on behalf of CEMEX? YES/ NO If the answer is YES, please provide a brief explanation:										

Note: This question must be answered by and under the responsibility of the supplier's authorized representative

Present date (dd/mm/yyyy)

Complete company name
(if applicable)
Complete fiscal address
No., street, city, state, zip code
Complete name and current title of the authorized representative
(individual, if applicable)
Signature of the authorized representative
(individual, if applicable)