



## Domestic Donation Affidavit

This affidavit is an Arthrex, Inc requirement and **MUST BE COMPLETED BY THE RECIPIENT** of donated Arthrex products and goods. Arthrex employees are prohibited from completing this form for the donation recipient.

The purpose of this affidavit is to clarify the responsibilities for the export of Arthrex products and goods that you have asked us to donate for use or consumption overseas. A senior level person within the organization receiving the donation must complete this affidavit. Please provide all information in English.

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I, the undersigned, as a duly authorized representative of the organization identified below, agree to the conditions set forth in this document regarding the use of Arthrex products and goods. I understand failure to fully complete this form may result in a delay or suspension of the donation.

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In accordance with our established business relationship, you have requested donated products for use by you or affiliated companies or organizations. Arthrex plans to make these products and goods available to you or your agent(s) within the United States.

From Arthrex's perspective, this transaction is considered domestic in nature. If you elect to export these products or goods out of the United States, you become the exporter and the Principle Party in Interest as defined by United States Export Administration and Foreign Trade Regulations. As such, we expect that you will comply with all laws relating to the export of the items involved in this donation. You further agree to determine export license requirements and obtain any export license(s) or other official authorization if required.

Additionally, Arthrex is not to be listed as the exporter or Principal Party in Interest on any documentation relating to this donation or subsequent export. You are acting on your own behalf and not as an Arthrex agent for export or for any other purposes. Please contact Arthrex Global Trade at 239.552.2370 if you would like additional information or if you have any questions regarding this document. Our ability to provide donated shipments of Arthrex products and goods is contingent upon the receipt of this document.

### CERTIFICATION

By placing your name in the signature spaces provided below you are acknowledging acceptance and agreement with the listed conditions. Further, you are certifying that all of the information you have supplied is accurate and complete.

Authorized Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title and Company Name: \_\_\_\_\_

Date: \_\_\_\_\_