

PART I - Compliance with Executive Order 202/2017 (EXHIBIT I).

CONFLICT OF INTEREST AFFIDAVIT- EXECUTIVE ORDER 202/2017

Affiant: Legal Person

Firm Name	
CUIT/TIN(Taxpayer Identification Number)	

Relationships to declare

Are there relationships with the officers named in Articles 1 and 2 of the Executive Order 202/17?

(Mark "X" in appropriate boxes)

YES	NO
If there are relationships with more than one officer, or by more than one partner or shareholder, the information requested below must be repeated for each of the relationships to be declared.	The option chosen as to the non-declaration of relationships implies the express declaration of the nonexistence thereof, in the terms of Executive Order 202/17.

Relationship

Related Person

(Mark "X" in appropriate boxes and provide all requested information regarding the selected type of relationship)

Legal Person (if the relationship to declare is direct from the Affiant)	No additional information is requested
Legal Representative	First and last names; CUIT (TIN - Taxpayer Identification Number)
Parent Company	Firm Name and CUIT (TIN - Taxpayer Identification Number)
Subsidiary Company	Firm Name and CUIT (TIN - Taxpayer Identification Number)
Companies with direct interest in the economic or financial results of the affiant	Firm Name and CUIT (TIN - Taxpayer Identification Number)
Director	First and last names; CUIT (TIN - Taxpayer Identification Number)

Partner or shareholder with participation in the organizational decision-making	First and last names; CUIT (TIN - Taxpayer Identification Number)
Partner or shareholder with more than 5% stake in a publicly traded company	First and last names; CUIT (TIN - Taxpayer Identification Number)

Additional Information

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With which of the following officers?

(Mark "X" in appropriate boxes)

President	
Vice-president	
The Chief of the Ministerial Cabinet	
Minister	
Authority holding the rank of Minister of the National Executive Power	
Authority with an inferior rank to a Minister with capacity to decide	

(If you marked Minister, Authority holding the rank of Minister of the National Executive Power or Authority with an inferior rank to a Minister with capacity to decide, please complete the following fields)

First Names	
Last Names	
CUIT (TIN - Taxpayer Identification Number):	
Title	
Jurisdiction	

Type of relationship

(Mark "X" in appropriate boxes and provide all requested information regarding the selected type of relationship)

Partnership or Community	Firm Name and CUIT (TIN - Taxpayer Identification Number)
Relationships within the fourth degree of consanguinity and within the second degree of affinity	Specify the type of relationship

Pending litigation		Provide title of cause, case record, venue, jurisdiction, court and clerk's office.
Debtor		Determine the amount and causes of debt
Creditor		Determine the amount and causes of credit
Received important benefits from the officer		Specify the type of benefit and estimated amount

Additional Information

The non-declaration of relationships implies the express declaration of the nonexistence thereof, in the terms of Executive Order 202/17.

Affiant's signature
and name

Title / Position

Date and Place

PART II - Conflicts of Interest Statement and Acknowledgement of the Code of Ethics for Suppliers

a) Declaration of Conflict of Interest not covered by the Executive Order 202/2017

In addition to the cases covered by the Executive Order 202/2017, and in relation to employees of **Grupo Aerolíneas** who work for the Supply Chain and Logistics Department (whatever their level), and / or in another area with which they are negotiating or reviewing a contract:

Do you, as a **Legal Person** who makes a declaration, have a relationship with such employees that:

- affect or may affect the impartiality or independence in the commercial relationship with **Grupo Aerolíneas**, or
- a third party can interpret that said impartiality or independence is being or could be affected?

Legal Person means: Legal representatives, directors, partners or shareholders of the suppliers with participation in the organizational decision-making or that exercise a dominant influence and any employee who is negotiating or reviewing a contract related to the provision of services or the provision of goods to Grupo Aerolíneas.

(Mark "X" in appropriate boxes)

NO				
YES (If "Yes", please provide the following information:)				
Description of the Conflict of Interest				
Name	Title	Workplace	Company	Relationship

I hereby declare that by filling this form out, I have answered in a comprehensive and truthful manner and without hiding data or relevant information that may correspond. Moreover, should there be any change in the circumstances herein stated, I undertake the obligation to immediately inform the Company in writing.

b) Acknowledgement of the Code of Ethics for Suppliers

I hereby declare that I have received, read and understood and agree to comply with the provisions of the **Code of Ethics for Suppliers** of Grupo Aerolíneas (also available in the *Suppliers* section of the Company's website www.aerolineas.com.ar).

Affiant's signature
and name

Title / Position

Date and Place