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DECLARATION OF CONFLICT OF INTEREST

		of Interest Policy, I hereby declare and inform, under
penalty of perjury, in my capac	ity as	(POSITION), assigned to
(name of the applic	cable GAM company or, if applicable, its affiliate	es), that I am aware of the following:
GAM employees, supp subordination, daily fu employees may interfe GAM, or impair our abil • Except for the restriction	liers, customers, business partners, or any th unctional interaction, or any other relationsh re with, harm, or create an individual or collec lity to perform our duties effectively and impart	nantic, sentimental, or close personal relationship with hird party with whom there may be a relationship of hip where our actions, interests, or investments as stive benefit contrary to the interests and principles of tially. Deers may work in the organization if the relationship is
Therefore, I hereby declare tha	at I have a conflict of interest or a potential conf	flict of interest, described as follows:
		antic, marital, family, or other relationship) with (mother,
brother, cousin, partner, friend	l, close personal relation, etc.) and is a	(GAM or third party
employee, such as a supplier, c	ustomer, etc.) who holds the position of	(GAM or third party (position of the person
involved), assigned to	(business of	unit, GAM company, labor union, or third party, such as
a supplier, customer, etc.), who	ose direct supervisor is	(full name of their supervisor, if a
GAM employee). I further decla	are that our professional activities	(overlap/do not overlap) in
indicate if the roles involve a re		brief description of how your job functions coincide or
I further declare that I am awa that the situation described ab		ct of interest, including its various scenarios. I confirm not place my personal interests above those of
	mptly notifying the company of any changes in t	he circumstances described above or any new situation
	as described in this declaration. I also commit t	ch is attached), issued by Grupo Aeroméxico, and that I to reporting this situation to my immediate supervisor,
I am available at any time to management.	provide further information regarding the co	ontents of this declaration, as required by company
I make this statement for all ap	oplicable legal and administrative purposes.	
Sincerely yours,		
NAME AND SIGNATURE:		EMPLOYEE NO .
NAME AND SIGNATURE: DEPARTMENT:	CITY AND	DATE:

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Translated version from the original in spanish document. In case of conflict the spanish version is the valid one.