



Conflict Minerals Policy Warranty

The undersigned, _____ (hereinafter called “Supplier”) is the manufacturing partner or supplier of **Interflex Corporation** and any of its offices, factories, business organizations, subsidiaries and any affiliates that exists now or in the future in any country or territory, (hereinafter called “Interflex”), acknowledges and agrees the following INTERFLEX’s Conflict Minerals Policy :

1. Supplier shall neither support nor use “Conflict Minerals” (with the same definitions set forth in the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010, as it may be amended from time to time) from areas of armed conflict, illegal mining and poor working conditions.
2. Supplier shall investigate whether the products sold to INTERFLEX contain minerals, including but not limited to gold (Au), tantalum (Ta), tin (Sn), tungsten (W), and confirm the source of these minerals.
3. Supplier shall fulfill the corporate social responsibility, and request its suppliers and subcontractors to take the responsibility to carry out reasonable investigation to ensure that the minerals used in the products sold to INTERFLEX are not Conflict Minerals as mentioned.
4. Suppliers shall provide INTERFLEX with certifications, declarations, reports, audits (including as received from its suppliers and subcontractors), and other information and assistance sufficient, within 10 calendar days following any request by INTERFLEX, as determined at INTERFLEX’s sole discretion, to permit INTERFLEX independently to confirm and certify such Supplier’s compliance with the aforementioned policy and compliance with the requirements of Section 1502 of Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010 and associate regulations with all products sold to INTERFLEX.
5. Supplier shall reimburse and indemnify INTERFLEX for any costs, fines or penalties that INTERFLEX incurs arising out of or in connection with Supplier’s failure to comply with the Warranty.

Company Full Name (Stamp) : _____

Address : _____

Authorized Representative (Signature) : _____

Title / Position (Director or above) : _____

Date : _____