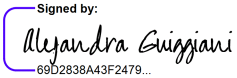
Certificate Of Completion

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Envelope Originator:
People Journey
251 Park Avenue South, 11th floor, New York, NY 10010
New York, NY 10010
pjourney-ar@globant.com
IP Address: 181.117.167.175

Record Tracking

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Signer Events	Signature	Timestamp
Alejandra Guiggiani alejandra.guiggiani@globant.com People Journey Team Leader Security Level: Email, Account Authentication (None)	Signed by:  69D2838A43F2479... Signature Adoption: Pre-selected Style Using IP Address: 181.117.167.175	Sent: 11/28/2025 9:24:00 AM Viewed: 11/28/2025 9:25:07 AM Signed: 11/28/2025 9:25:39 AM

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ID: 82fa94dd-49c6-4707-9be4-be22453e7845

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/28/2025 9:24:00 AM
Certified Delivered	Security Checked	11/28/2025 9:25:07 AM
Signing Complete	Security Checked	11/28/2025 9:25:39 AM
Completed	Security Checked	11/28/2025 9:25:39 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

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ii. send us an email to pjourney-ar@globant.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process.

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Fidelitas SUPERVIELLE

Anexo I y DJ- Nómina del personal afectado al servicio

DECLARACIÓN DE PERSONAL AFECTADO AL SERVICIO BRINDADO A BANCO SUPERVIELLE S.A. ***PERIODO:*** **Noviembre 2024 - Noviembre 2025**

Empresa:	**SISTEMAS GLOBALES S.A.**	***Apellido y Nombre usuario:***	
CUIT	**30-70840691-7**	***Telefono:***	

Orden N*	Apellidos y Nombres (Ordenado alfabeticamente)		DNI N°	CUIL N°	Nacionalidad	Fecha Ingreso empresa (Contratista) dd/mm/aa	Fecha Ingreso a SUPERVILLE dd/mm/aa	Lugar físico donde se presta el servicio	Puesto/Perfil funcional
1	Barbosa	Edgardo Javier	23173761	20231737619	Argentina	08/08/2018	02/01/2022	Online - Remoto	Developer Sr
2	Cañas	Cristian Fabián	33460938	20334609384	Argentina	21/10/2013	02/05/2022	Online - Remoto	Developer Sr
3	Genaizir	Luciana Andrea	29968889	27299688890	Argentina	28/06/2021	12/04/2023	Online - Remoto	Developer Sr
4	Gonzalez	Sofia Andrea	31879737	23318797374	Argentina	27/12/2021	11/27/2023	Online - Remoto	Frontend Senior
5	Gonzalez Aguilera	Melisa Sabrina	35927018	27359270181	Argentina	17/05/2021	04/03/2023	Online - Remoto	QC SemiSenior
6	Silvestrini	Claudia	24885884	27248858848	Argentina	28/07/2012	02/01/2022	Online - Remoto	Developer Sr
7	Verdecchia	Diego Horacio	28932828	23289328289	Argentina	28/05/2012	02/01/2022	Online - Remoto	Developer SME

Firma del responsable:
Aclaracion
Cargo

Signed by:
Alejandra Guiggiani
69D2838A43F2479...

Alejandra Guiggiani

People Journey Team Leader

Constancia de Cobertura

Seguro Colectivo de Vida Obligatorio Decreto Nº 1567/74

Nro. de Póliza:	**CO10 10-183601 / 3601-9001-000001**
Vigencia de la constancia:	01/11/2025 al 31/01/2026

Tomador:	**BSF S A**
CUIT/CUIL:	30708928387
Domicilio:	DARRAGUEIRA 7097, 5505 MENDOZA

Detalle del Personal Asegurado:

CUIT/CUIL	APELLIDO Y NOMBRE
20231737619	EDGARDO JAVIER BARBOSA
20334609384	CRISTIAN CRISTIAN CAÑAS
23289328289	DIEGO DIEGO VERDECCHIA

Edad Fin de Cobertura:

• Siempre que el asegurado mantenga la relación de dependencia.

Coberturas:

• Muerte por cualquier causa.

Suma Asegurada

La suma asegurada es fijada por resolución de la Superintendencia de Seguros de la Nación, siendo en la actualidad de $1.632.576,00

Para ser presentado ante

_____

Comunicación al Asegurado

El asegurado que se identifica en esta “Constancia de cobertura” tendrá derecho de solicitar una copia de la póliza oportunamente entregada al tomador del presente contrato de seguro.

La validez del presente certificado de cobertura se encuentra condicionado a:

• La totalidad del personal detallado haya estado declarado en ARCA al momento de la emisión de la presente constancia.

• Pago de la prima correspondiente en debido tiempo por parte del tomador.

• La póliza mantiene la vigencia mientras subsista la relación con el tomador habida al momento de la contratación.

Aprobado por la Superintendencia de Seguros de la Nación por Resolución N° 38.136 - Nro de Inscripción para operar en el Plan: 260.

Constancia de Cobertura

Seguro Colectivo de Vida Obligatorio Decreto Nº 1567/74



Jorge Valencia
Gerente de Técnica y Suscripción
Póliza emitida por GGAL Seguros S.A.

25 de Noviembre de 2025

La entidad aseguradora dispone de un Servicio de Atención al Asegurado que atenderá las consultas y reclamos que presenten los tomadores de seguros, asegurados, beneficiarios y/o derechohabientes.

El Servicio de Atención al Asegurado está integrado por un RESPONSABLE y un SUPLENTE, cuyos datos de contacto encontrará disponibles en la página web www.galiciaseguros.com.ar.

En caso de que el reclamo no haya sido resuelto o haya sido desestimado, total o parcialmente, o que haya sido denegada su admisión, podrá comunicarse con la Superintendencia de Seguros de la Nación por teléfono al 0800-666-8400, correo electrónico a denuncias@ssn.gob.ar o formulario web a través de www.argentina.gob.ar/ssn

Constancia de Cobertura

Seguro Colectivo de Vida Obligatorio Decreto Nº 1567/74

Nro. de Póliza:	**CO10 10-183597 / 3597-9001-000001**
Vigencia de la constancia:	01/11/2025 al 31/01/2026

Tomador:	**SISTEMAS GLOBALES SA**
CUIT/CUIL:	30708406917
Domicilio:	AVDA DEL LIBERTADOR 4980, 7 B 1426 CIUDAD DE BS. AS.

Detalle del Personal Asegurado:

CUIT/CUIL	APELLIDO Y NOMBRE
23318797374	SOFIA GONZALEZ
27248858848	SILVESTRINI CLAUDIA SILVESTRIN
27299688890	GENAIZIR LUCIANA
27359270181	GONZALEZ AGUILERA MELISA SABRI

Edad Fin de Cobertura:

• Siempre que el asegurado mantenga la relación de dependencia.

Coberturas:

• Muerte por cualquier causa.

Suma Asegurada

La suma asegurada es fijada por resolución de la Superintendencia de Seguros de la Nación, siendo en la actualidad de $1.632.576,00

Para ser presentado ante

_____

Comunicación al Asegurado

El asegurado que se identifica en esta “Constancia de cobertura” tendrá derecho de solicitar una copia de la póliza oportunamente entregada al tomador del presente contrato de seguro.

La validez del presente certificado de cobertura se encuentra condicionado a:

• La totalidad del personal detallado haya estado declarado en ARCA al momento de la emisión de la presente constancia.

• Pago de la prima correspondiente en debido tiempo por parte del tomador.

• La póliza mantiene la vigencia mientras subsista la relación con el tomador habida al momento de la contratación.

Aprobado por la Superintendencia de Seguros de la Nación por Resolución N° 38.136 - Nro de Inscripción para operar en el Plan: 260.

Constancia de Cobertura

Seguro Colectivo de Vida Obligatorio Decreto Nº 1567/74



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