



Certificate of Completion

This certificate of completion shall serve as evidence of successful completion of training by:

[Redacted Name]



User Name:

[Redacted Name]

Title:

cobas pro integrated solutions Service Training (standardized)

Completion date:

Saturday, November 2, 2019

Training Location:

Mannheim

Session Start Date:

10/7/2019

Session End Date:

10/18/2019

Course Duration:

80 Hours 0 Minutes

Trainee Signature

Manager Signature

Date of Signature (dd-mmm-yyyy)

Digitally signed by

[Redacted Name]

Date: 2022.11.23

16:47:39 +02'00'