## Exhibit A

FCPA PREAPPROVAL FORM
THIS FORM IS INTENDED FOR USE IN OBTAINING APPROPRIATE MANAGEMENT APPROVAL AND LEGAL ENDORSEMENT PRIOR TO ENGAGING IN INTERACTION WITH FOREIGN OFFICIALS OR MAKING FOREIGN CHARITABLE CONTRIBUTIONS. PLEASE CONSULT WITH THE LAW DEPARTMENT IF YOU HAVE ANY QUESTIONS OR UNCERTAINTIES
SUBMITTING PERSON: DATE OF SUBMISSION:
☐ GIFTS (Fill in items # 1, 2, 4, 5, 6, 8, 9, 11, 12, 14, 15 and 16 below) ☐ ENTERTAINMENT/HOSTING/TRAVEL (Fill in all items below excluding item #12)  TYPE OF INTERACTION ☐ CHARITABLE CONTRIBUTIONS/SCHOLARSHIPS (Fill in items #1, 4, 6, 9, 11, 12, 14, 15, & 16 below)  (Mark an appropriate box) ☐ OTHER (Fill in all applicable items)
<ol> <li>RECIPIENT(S) (include NAMES, TITLES/COMPANY/GOVERNMENT AGENCY/ORGANIZATION and/or any other government relationship and name and title of Recipient's Supervisor/Superior)</li> </ol>
2. BUSINESS RELATIONSHIP OF THE OFFICIALS WITH COMPANY
3. ANY PERSONS ACCOMPANYING THE FOREIGN OFFICIALS WHOSE EXPENSES ARE TO BE PAID FOR BY COMPANY
4. EXISTING CONTRACT/CONTRACT OBLIGATION IF ANY
5. BUSINESS PURPOSE OF THE PROPOSED INTERACTION
6. HOW THE REQUEST WAS RECEIVED (State name, position, and company/organization of the person who requested the interaction)
<ol> <li>PROPOSED SCHEDULE, INCLUDING DESCRIPTIONS AND DATES OF BUSINESS MEETINGS, TRAVEL AND ENTERTAINMENTS (May be attached)</li> </ol>
8. Payment amounts or estimated expenses  Per Person Total
Airfare Transportation Hotel Meals Conference or Course Fees Per Diem Amount Gifts Entertainment Amount of Contribution TOTAL ESTIMATED EXPENSES
9. COMMSCOPE ENTITY MAKING PAYMENTS/REIMBURSING EXPENSES
10. NAMES OF COMPANY EMPLOYEES WHO WILL ACT AS HOSTS
11. PROPOSED PAYMENT METHOD (Check all that apply. If more than one box is checked, indicate which payments/expenses are to be paid in the manner indicated)    Items to be paid to Recipient indicated in Item #1 above:   Items to be paid to third party vendors:   Items to be reimbursed to Recipient upon presentation of receipts:
12. GIFT/CONTRIBUTION RECORD OF PREVIOUS 12 MONTHS OF THE PROPOSED RECIPIENT
13. NUMBER OF TIMES ENTERTAINED/HOSTED IN THE SAME CALENDAR YEAR
14. INTERNAL ACCOUNT CODING (Mark in appropriate box)
15. APPROVALS Requestor:  Regional Manager:
Finance: Legal:
16. ADDITIONAL INFORMATION ABOUT INTERACTION (Voluntary)  17. CONTROL NUMBER (To be assigned by Regional Finance Manager)
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