

**1. CLIENT'S INFORMATION**

NAME OF THE ENTITY \_\_\_\_\_  
 COUNTRY OF REGISTRATION \_\_\_\_\_  
 TAX IDENTIFICATION NUMBER \_\_\_\_\_  
 REGISTERED AGENT (IF APPLICABLE) \_\_\_\_\_  
 LEGAL REPRESENTATIVE \_\_\_\_\_  
 NATIONALITY \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
 MARITAL STATUS SINGLE \_\_\_\_ MARRIED \_\_\_\_ COUNTRY OF RESIDENCE \_\_\_\_\_

**2. CLIENT'S ADDRESS**

COUNTRY \_\_\_\_\_ STATE \_\_\_\_\_  
 CITY \_\_\_\_\_ AVENUE/STREET \_\_\_\_\_  
 NEIGHBORHOOD \_\_\_\_\_ OFFICE NUMBER \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ MOBILE (+ \_\_\_\_\_) ( \_\_\_\_\_ )  
 OFFICE PHONE NUMBER (+ \_\_\_\_\_) ( \_\_\_\_\_ )

**3. INFORMATION FOR DIRECTORS, DIGNITARIES, ATTORNEYS IN FACT AND FOUNDATION**

**MEMBERS**

INFORMATION	1	2	3
FULL NAME			
POSITION			
ID. NUMBER			
NATIONALITY			
PROFESSION			
MARITAL STATUS			
ADDRESS			
E-MAIL			
PHONE NUMBER			
MOBILE NUMBER			
SECOND NATIONALITY?			

ARE YOU A RESIDENT OF THE UNITED STATES?			
OWNERSHIP PERCENTAGE			

**4. INFORMATION FOR ULTIMATE BENEFICIARIES NOT MENTIONED IN PREVIOUS SECTION**

INFORMATION	1	2	3
FULL NAME			
POSITION			
ID. NUMBER			
NATIONALITY			
PROFESSION			
MARITAL STATUS			
ADDRESS			
E-MAIL			
PHONE NUMBER			
MOBILE NUMBER			
SECOND NATIONALITY?			
ARE YOU A RESIDENT OF THE UNITED STATES?			
OWNERSHIP PERCENTAGE			

**5. INFORMATION FROM SPOUSE (ULTIMATE BENEFICIARY)**

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_  
 ID NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 COUNTRY OF RESIDENCE \_\_\_\_\_  
 NATIONALITY \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

**6. DECLARATIONS AND AUTHORIZATIONS**

**I HEREBY DECLARE:**

1. That the information provided in this form is correct and I/we agree to provide **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (ALEGAL)** with any additional information they should require.
2. That if any information provided is false or incorrect I/we will indemnify **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (ALEGAL)**.
3. I/we will hold **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (ALEGAL)** harmless and release from any responsibility should this information be false or incorrect.
4. That I/we am responsible for the data provided to **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (ALEGAL)** which will be held in their archives (computer or physical).
5. I/we assume full responsibility for the actions of the nominee directors and dignitaries provided by **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (ALEGAL)**, as they will act under my/our instructions and we will hold them harmless from responsibility.

**I HEREBY AUTHORIZE:**

1. **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (ALEGAL)**, in compliance with Law 2 of February 2011, regarding know your customer requirements and Law 23 of April 2015, regarding Money Laundering, Terrorism Financing and finance of weapons of mass destruction to perform any applicable due diligence investigation.
2. **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (ALEGAL)**, to verify when possible the information declared in this form with public or private institutions.

ALBARRACINI - LEDEZMA - GÁRATE - LONDOÑO Y ASOCIADOS

**7. PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH THIS FORM**

1. Copy of two (2) photo identifications for each Director, Dignitary, Attorney in fact and ultimate beneficiaries (national ID card, driver's license, passport or social security card).
2. Bank reference letter for the entity or for the ultimate beneficiary.
3. Commercial reference letter for the entity or for the ultimate beneficiary.
4. Utility bill.
5. Copy of Articles of Incorporation or equivalent.

**SIGNATURE** \_\_\_\_\_

**FULL NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Please use the same signature as it appears on your photo identification document.*

**Important:** The information provided in this form is confidential and protected by attorney client privilege. The veracity of said information will be confirmed by any method approved in applicable legislation, therefore the signees of this document authorize **ALBARRACINI-LEDEZMA-GARATE-LONDOÑO Y ASOCIADOS (ALEGAL)** to perform the aforementioned verifications.