

1. CLIENT'S GENERAL INFORMATION

NAME _____ SURNAME _____
MARRIED NAME (IF APPLICABLE) _____
ID NUMBER _____ DATE OF BIRTH _____
NATIONALITY _____ PLACE OF BIRTH _____
MARITAL STATUS SINGLE ___ MARRIED ___ COUNTRY OF RESIDENCE _____
¿DO YOU HAVE A SECOND NATIONALITY? YES ___ NO ___
IF YES, STATE WHICH COUNTRY _____
HAVE YOU OR A MEMBER OF YOUR FAMILY BEEN ACTIVE IN A HIGH PROFILE GOVERNMENT POSITION
IN THE LAST TWO (2) YEARS? YES ___ NO ___
HAVE YOU BEEN CONVICTED FOR A CRIME? YES ___ NO ___
IF YOU ANSWERED YES IN ONE OR BOTH OF THE PREVIOUS QUESTIONS, PLEASE EXPLAIN:

2. CLIENT'S ADDRESS

COUNTRY _____ STATE _____
CITY _____ AVENUE/STREET _____
NEIGHBORHOOD _____ BUILDING / HOUSE _____
E-MAIL _____ MOBILE NUMBER (+ _____) (_____)
HOME TELEPHONE NUMBER (+ _____) (_____)

3. CLIENT'S LABOR INFORMATION

PLACE OF WORK _____ PROFESSION _____
POSITION _____ MAIN BUSINESS ACTIVITY _____
WORK ADDRESS _____

4. FINANCIAL PROFILE

MONTHLY INCOME: US\$ _____ NETWORTH: US\$ _____
ORIGIN OF FUNDS _____

5. SPOUSE'S PERSONAL INFORMATION

NAME _____ SURNAME _____
IDENTIFICATION NUMBER _____ DATE OF BIRTH _____
COUNTRY OF RESIDENCE _____
NATIONALITY _____ PLACE OF BIRTH _____

6. DECLARATIONS AND AUTHORIZATIONS

I HEREBY DECLARE:

1. That the information in provided in this form is correct and I agree to provide **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (LEGAL)** 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 (LEGAL)**.
3. I/we will hold **ALBARRACINI, LEDEZMA, GARATE, LONDOÑO Y ASOCIADOS (LEGAL)** 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 (LEGAL)** 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 (LEGAL)**, 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 (LEGAL)**, 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 (LEGAL)**, to verify when possible the information declared in this form with public or private institutions.

7. PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH THIS FORM

1. Copy of two (2) photo identifications (national ID card, driver's license, passport or social security card).
2. Bank reference letter.
3. Work reference letter.
4. Utility Bill.

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 (LEGAL)** to perform the aforementioned verifications.