



IMPORTANT: Before filling out this form, please keep in mind the following recommendations

Date of completion:

D D / M M / Y Y Y Y



Fill in all the fields of the form, do not leave any blank spaces



In cases where the requested information does not apply, write the text "NOT APPLICABLE"



Attach all the documentation requested in the field "10. REQUIRED DOCUMENTS"

Entity with which it is related::

Type of Process:

Type of Linkage

Type of Contracting

1. GENERAL DATA

Nature Type

 Natural Person Legal Person

Space for Natural Person

First Name

Middle name

Frst surname

Second surname

Type of ID

Identification number

 C.C C.E Pssport NUIP. Another one?

Date of birth

City and Country of Birth

Date of issue of document

City and Country issuance of the document

DD / MM / YYYY

DD / MM / YYYY

Profession

Country of residence

Department of residence

City of residence

ISIC Code

Time exercising economic activity

Name main economic activity ISIC

Residence Address

Is the residence address primary?

Residence telephone number

Personal Email

Cellular

Level of Education

Politically Exposed Person

 Yes No

Is it independent?

If the answer was No, describe your occupation

 Yes No

Space for Legal person

Name of the entity / Company Name

Short Name acronyms

Legal nature

Type of ID

Identification No. - ID

 Private Public Mixed NIT Other

Date of incorporation

Country of incorporation

Entity Type

Main economic activity code ISIC

Name main economic activity ISIC

Secondary economic activity code ISIC

Secondary economic activity code ISIC

City of residence

Main address

Main phone(s)



2. LEGAL REPRESENTATIVE DATA

First Name	Middle name	First surname	Second surname
Type of identification: <input type="checkbox"/> C.C. <input type="checkbox"/> T.I. <input type="checkbox"/> C.E. <input type="checkbox"/> NIT. <input type="checkbox"/> Passport <input type="checkbox"/> R.C. <input type="checkbox"/> Diplomatic Card <input type="checkbox"/> Other		Identification No.	Shipping location
			Date of issue
			Date of birth
City of birth	Country of birth	Position or office	Residence Address
City of Residence	Department	Country	Phones
Level of education	Profession	Email	¿Is it PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. CONTACT DETAILS OF THE COMPANY TO BE REGISTERED

Surnames and Full Names		Position
Type of ID		Identification number
<input type="checkbox"/> C.C. <input type="checkbox"/> C.E. <input type="checkbox"/> Passport <input type="checkbox"/> Other ¿Which one?		
Email	Cell phone	Phone Contact
City	Address	

4. FINANCIAL INFORMATION (in Colombian pesos) This space applies to natural and legal persons

Monthly Operating Income	Monthly operational expenses
Other Monthly Non-Operating Income	Total, assets
Total, Operating Income and Other Income	Total, liabilities
Description of other monthly non-operating income	Total, Supplier and/or Derivative Contractor Equity
EEFF Cut-Off Date <input type="text"/> DD / MM / YYYY	¿Is the company listed on the stock exchange or registered with the RNVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the above answer is yes, please indicate the name of the exchange and the stock code:	
¿Does the company have a built-in compliance program that prevents and controls money laundering and terrorist financing?	
¿Do you operate in foreign currency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
¿Is the origin of the resources of nature?	<input type="checkbox"/> Public <input type="checkbox"/> Private

5. SHAREHOLDING STRUCTURE (Does not apply to state entities, nor listed on the stock exchange or registered in the RNVE)

PARTNERS OR ASSOCIATES WITH A STAKE EQUAL TO OR GREATER THAN 5% OF THE SHARE CAPITAL DIRECTLY OR INDIRECTLY

*If the spaces are not sufficient, attach a list of the main partners, shareholders and/or associates with participation of more than 5% of the share capital, indicating the identity document number, nationality, full name, percentage of participation, PEP if applicable and Direct (DI) and Indirect (IN) if applicable, signed by legal representative or tax auditor.

Document Type	Non-Identification	Nationality	Full name	%	PEP	DI	IN
<input type="checkbox"/> C.C. <input type="checkbox"/> C.E. <input type="checkbox"/> NIT <input type="checkbox"/> PASPOR <input type="checkbox"/> NUIP <input type="checkbox"/> OTRO							
<input type="checkbox"/> C.C. <input type="checkbox"/> C.E. <input type="checkbox"/> NIT <input type="checkbox"/> PASPOR <input type="checkbox"/> NUIP <input type="checkbox"/> OTRO							
<input type="checkbox"/> C.C. <input type="checkbox"/> C.E. <input type="checkbox"/> NIT <input type="checkbox"/> PASPOR <input type="checkbox"/> NUIP <input type="checkbox"/> OTRO							
<input type="checkbox"/> C.C. <input type="checkbox"/> C.E. <input type="checkbox"/> NIT <input type="checkbox"/> PASPOR <input type="checkbox"/> NUIP <input type="checkbox"/> OTRO							
<input type="checkbox"/> C.C. <input type="checkbox"/> C.E. <input type="checkbox"/> NIT <input type="checkbox"/> PASPOR <input type="checkbox"/> NUIP <input type="checkbox"/> OTRO							

By signing this application, I certify in my capacity as Legal Representative that to my duly informed knowledge, the company DOES DOES NOT have shareholders who individually or jointly hold 10% or more of the capital stock and who are nationals and/or residents of a foreign country for tax purposes other than those reported in this section.



6. DECLARATION OF ORIGIN AND DESTINATION OF FUNDS

I declare that my resources have a lawful origin and come directly from the economic activity indicated in this form, and that my economic occupation is carried out within the corresponding legal and regulatory framework. In addition, I declare that all the activities and income that I receive come from lawful activities and those derived from the contract(s) signed with the fiduciary, will not be used for the financing of terrorism, terrorist groups or activities, or for the financing of the proliferation of weapons of mass destruction or activities outside the framework of legality.

Source of resources (occupation, profession, business, etc.):

7. AUTHORIZATIONS

7.1. AUTHORISATION AND PROCESSING OF PERSONAL DATA

Before filling out this form, please remember that it applies only to Natural Persons and Legal Representatives Fiduciaria Colombia de Comercio Exterior S.A. – Fiducoldex, in compliance with Law 1581 of 2012, its regulatory decrees and the Manual adopted and published on its website, which establishes general provisions of habeas data and regulates the handling of the information contained in databases, is responsible for the processing of your personal data. As the owner, you have the right to know, update and rectify your personal data and, only in cases where it is appropriate, to delete them or revoke the authorization granted for their processing, by sending your request to the email Fiducoldex@fiducoldex.com.co or you can enter the Fiducoldex website in the option contact us <https://www.fiducoldex.com.co/seccion/contactenos> or customer service <https://www.fiducoldex.com.co/seccion/webform/pqrs>, or through personalized attention at Calle 28 No. 13 A-24, floor 6 Bogotá D.C., from Monday to Friday from 8:00 a.m. to 5:00 p.m., you can also contact our phone number (601) 7470909 ext. 1204 or 1130.

Therefore, I authorize Fiducoldex voluntarily, prior, explicitly, informed and unequivocally for the data obtained to be used for the following purposes:

1. The information necessary to carry out the pertinent procedures for the development of the pre-contractual, contractual and post-contractual stage for the development of the corporate purpose or administrative functioning.
2. Information related to the tax quality of suppliers, in order to identify the applicable withholdings and discounts of which a report must be made to the DIAN and SECRETARY OF FINANCE OF THE DISTRICT – SHD
3. The information of the owner of the data that rests or is contained in databases or files of any Private or Public Entity (such as Ministries, Administrative Departments, DIAN, Prosecutor's Office, National Registry of Civil Status, Courts, tribunals, among others) whether national or international; for the purpose of complying with know-your-customer standards.
4. Supplier's bank information, for the purposes of fulfilling the contractual obligation
5. Information related to petitions, complaints and claims that must be made on the occasion of requests submitted by the holders
6. Information related to the satisfaction assessment of goods and services provided by related companies
7. The information about the suppliers that rests in the accounting books, which cannot be destroyed within the 20 years following the closing of the accounting book or within the 10 years following when its reproduction is guaranteed by any technical means, in accordance with the provisions of Article 134 of Decree 2649 of 1993.
8. Information on contracts for the provision of services by natural persons, in compliance with Law 1712 of 2014, Article 9 Numeral e.
9. To share, analyze, process, transmit, classify and in general process all the information and documentation that is obtained on the occasion of my relationship as a third party, supplier, contractor and beneficiary of the Trust or of the trust businesses managed by it, with the various areas of the Trustee, with the affiliates, subsidiaries of the economic group that makes up the Trust and its parent company, for the purpose of receiving commercial information about products, security, services or any other type that is provided to me by the Trust, the affiliates, subsidiaries, affiliates and parent of the Trust, for the purpose of establishing a direct or indirect, present or future commercial relationship with those entities.
10. In general, for the management and development of supplier management and all activities related to them, either directly or through third parties nationally or internationally, on its own servers or located in the cloud.
11. So, based on the information provided, commercial support is offered and provided for the purpose of obtaining, formalizing, entering into or constituting main or complementary products and services offered by Fiducoldex, the affiliates, subsidiaries of the economic group that makes up the Trust and its parent company.
12. To send me to the e-mail address and to the other means of contact provided, information, communications, newsletters, reports of a legal, financial and commercial nature that the Trustee intends to send me for the purpose of formalizing a future contractual relationship, or that it requires me to send within the framework of my relationship as a user, third party, contractor, supplier or beneficiary of the Trust or of the trust businesses managed by it.

The personal data processing policy and the substantial changes that occur in it can be consulted on the website at the following link <https://www.fiducoldex.com.co/politica-tratamiento-datos-personales>, as well as the privacy notice through <https://www.fiducoldex.com.co/aviso-de-privacidad>

SIGNATURE OF THE LEGAL REPRESENTATIVE:

FULL NAME:

IDENTIFICATION NUMBER:



7.2 AUTHORIZATION, CONSULTATION AND REPORTING OF CENTRAL RISKS (it is important to keep in mind that this is only needed for Co-financing Contracts)

YES NO I authorize in the name and on behalf of the legal entity that I represent and/or as a member of the Consortium and/or Temporary Union, expressly and irrevocably FIDUCOLDEX S.A., freely and voluntarily, to consult all the financial, credit, commercial, service and that coming from other countries, concerning the commercial relations it has with the financial system, commercial and services, or any sector, both in Colombia and abroad, subject to the principles, terms and conditions enshrined in Law 1266 of 2008 and other rules that modify, clarify or regulate it. Likewise, the undersigned, in the capacity indicated or whoever takes his place, expressly and irrevocably authorizes the TRUSTEE, to report to CIFIN, or to any other legally established operator and/or source of information, all the information regarding the behavior as a client that is related to the creation, execution, modification, liquidation and/or extinction of the obligations arising from the Commercial Trust Agreement or Fiduciary Assignment if there is a need for a place, to be subscribed with FIDUCOLDEX S.A.; information that may be reflected in the databases of CIFIN or any other legally established operator and/or source of information. The permanence of the information will be subject to the principles, terms and conditions enshrined in Law 1266 of 2008 and other rules that modify, clarify or regulate it. PARAGRAPH: This authorization is extended so that FIDUCOLDEX S.A. may share or circulate information that corresponds to the development of the activities of the TRUSTOR (of the client and/or the development of the activities carried out by the natural person member of the Temporary Union and/or Consortium), with third parties, whether they hold the status of sources of information, information operators or users, with whom the SETTLOR (client and/or the legal entity member of the Consortium and/or Temporary Union) has legal ties of any nature, subject to the principles, terms and conditions enshrined in Law 1266 of 2008 and other rules that modify, clarify or regulate it.

SIGNATURE OF THE LEGAL REPRESENTATIVE:

FULL NAME:

IDENTIFICATION NUMBER:

8. SHAREHOLDING STRUCTURE

To comply with this point, the supplier or contractor must fill out and deliver the Final Beneficiary identification annex, which is attached with this form, taking into account that this applies only to legal entities.

9. SIGNATURE AND PROOF OF COMPLETED INFORMATION

I (We) oblige, in case of maintaining my (our) relationship with FIDUCOLDEX, to update the information and documentation that is required, at least every two years, or sooner in case of modifications or variations of it, or if FIDUCOLDEX so requests. I declare that we have not been investigated or sanctioned for crimes related to money laundering, terrorist financing
Under oath I declare that all the data contained in this form are true and in proof of this, I sign below:

SIGNATURE OF THE LEGAL REPRESENTATIVE:

FULL NAME:

IDENTIFICATION NUMBER:

10. BANK ACCOUNT

Account Holder

Bank Account Number

Name of the bank

Account Type

City

I authorize FIDUCOLDEX S.A. to deposit in the indicated bank account, the value corresponding to the agreement and/or contract signed and I certify that the information provided in the registry is truthful

11. EXCLUSIVE SPACE FOR THE ENTITY

NAME OF THE OFFICIAL

POSITION OF THE OFFICIAL

VERIFICATION DATE

DD/ MM / YYYY



12. EXCLUSIVE SPACE FOR THE ENTITY

CHECK LIST	Minimum Documents Required	Natural person	Legal Entity
	1. Photocopy of the RUT [Single Tax Registry]	✓	✓
	2. Photocopy of the identification document [ID] according to the type of person	✓	✓
	3. CeCertificate of commercial registration issued by the Chamber of Commerce, valid for no more than two (2) months.		✓
	4. Contractors and suppliers other than public entities must submit Form FT-GAD-069, Bulk Report of Final Beneficiaries for Legal Entities and Entities Without Legal Status, duly completed. (Applies only to legal entities and structures without legal status).		✓
	5. Non-profit entities [ESAL], different from public or international entities, must provide a certificate of compliance with practices for the prevention of money laundering and terrorism financing, as well as the identification of board members or founders		✓
	6. Interview Form FT-GRI-031 (Applies only to co-financing).		✓
	7. Foreign companies or individuals must submit the equivalent documents valid in Colombia.	✓	✓
	8. Bank account certificate issued by the financial institution (Applies only for supplier registration or as applicable).	✓	✓

✓ Mandatory delivery document