



KNOW YOUR FOREIGN CUSTOMER

(Please fill out completely, without corrections and put "N.A" if it does not apply)

First time Updatement

1. General information

| | | | |
|--|----------------------|-------------------------------------|--|
| Legal name of the company or name of person: | | ID number: | |
| Type of entity: <input type="radio"/> Private <input type="radio"/> Government <input type="radio"/> Others (please specify) | Number of employees: | Number of branches (if applicable): | |
| ¿Is a nonprofit entity?: <input type="radio"/> Yes <input type="radio"/> No | | | |

Business activity (brief description including product/service description):

| | | | |
|-------------------|----------|---------------------|----------|
| Physical address: | City: | Phone(s) number(s): | E-mail: |
| | Country: | | Website: |

2. Legal representative

| | | | |
|--------------------------|-------------------|------------|---------------------|
| First name: | Second name: | Last name: | Second last name: |
| ID number or equivalent: | Name of position: | | E-mail: |
| Address: | City: | Country: | Phone(s) number(s): |

3. Financial information (the latest tax period)

| | | | |
|---|-------------------|-------------------|----------------------------|
| Date of information: <small>MONTH - DAY - YEAR</small> | Type of currency: | Annually incomes: | Monthly incomes (average): |
| Monthly expenses (average): | Total assets: | | Total debts: |
| Describe other incomes different from the main business: | | | Amount other incomes: |

4. Legal information


| | | | |
|---|---|-------|----------|
| Date of incorporation: <small>MONTH - DAY - YEAR</small> | Incorporation expiration date: <small>MONTH - DAY - YEAR</small> | City: | Country: |
|---|---|-------|----------|

5. Stockholders, owners, stakeholders or equivalent that holds 5% or more. If it is required, use an attachment. In case of any of them does not have that participation, write "Not apply"

| ID number or equivalent | Full name | Country of nationality, residency or domicile <small>(specify each one if they are different)</small> | % Participation |
|-------------------------|-----------|--|-----------------|
| | | | |
| | | | |
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In case of any of the previous owners or stakeholders be an entity or company, please provide the names and the participations of its owners (if it is necessary use an attachment).

| | | | |
|--|--|--|--|
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|--|-------------|-----------------------------|
|  | FORM | VERSIÓN: 6 |
| | | CÓDIGO: GR-GIR-F-040 |
| KNOW YOUR FOREIGN CUSTOMER | | PÁGE 2 OF 3 |

6. Operations in currencies differents from Colombian peso

| | | |
|--|-------------------|-----------------|
| Type of operations or products in currencies differents from Colombian peso that the company often does: | Type of currency: | Main countries: |
|--|-------------------|-----------------|

7. Declaration of source and destination of funds

I, acting my own name, and/or on behalf of the company mentioned above, make the following statement of origin and destination of funds to Banco de Comercio Exterior de Colombia S. A. – BANCÓLDEX, in accordance with anti money laundering and anti financing terrorism Colombian laws.

1. I declare that the goods, services or resources, that I have transferred or will transfer to BANCÓLDEX, by me or by the company that I represent, are originated from legal or legitimate sources and from the performance of the respective economic activity, business, occupation, profession or job.
In case of different sources, specify them:

2. I confirm that I know the anti-money laundering and anti-terrorism financing laws in my jurisdiction, and the company that I represent complies with them. Also, we have and apply as a good business practice due diligence of adequate knowledge of our customers and suppliers and the origin and destination of its resources, to prevent money laundering and financing terrorism.

3. I declare that the resources and / or goods that we transfer, are not originated, nor will be used / from any illegal activity.

4. No third party will admit that deliver in my name and / or my represented, funds, goods or services from illegal activities, or for transactions conducted of such activities or to persons connected with them.

5. I declare that I exonerate BANCOLDEX from any responsibility arising from incorrect, false or inaccurate information that I have provided in this document, or the violation thereof.

8. Authorization for reporting and consulting to/from credit bureaus or databases organizations and to provide information to entities that provide funding for Bancóldex' operation

I irrevocably authorize BANCOLDEX or its assignors, for statistical purposes, monitoring, supervision and business information, to report, process, order or disclose to any entity that manages databases for the mentioned purposes, all the information related to the obligations and operations in any currency, that we have direct or indirect entered into with BANCOLDEX or its subsidiaries. Also, I authorize BANCOLDEX to consult and ask to the mentioned entities information about me and the company that I represent. As well as, and in case that the operations that are carried out with Bancoldex are channeled, operated or funded with resources from other entities, I authorize Bancóldex to provide them all information and documentation I have delivered to Bancóldex for the negotiation, execution and settlement of those operations.

9. Other declarations or statements

Has been you or the mentioned company indicted, prosecuted or condemned for money laundering or financing terrorism offenses or crimes? YES NO

If so, please attache details (date, subject, authority, final result or actual situation)

- I declare under penalty of perjury that the information contained in this document is.
- I have the obligation to update the information contained in this document at least once a year or before if it is requested.
- I authorize BANCOLDEX to share with its subsidiaries the information that I have provided.

NOTE:

BANCOLDEX will be able to reserve the right to accept or to reject this application without any explanation of its reasons. The processing of this form does not constitute a commercial offer.

This information and documentation is confidential and may be requested and consulted by Colombian Financial Superintendence or any Colombian or abroad competent authority.

I certify that I read, understood and I accept the previous information and declarations.

LEGAL REPRESENTATIVE:

SIGNATURE: _____

NAME: _____

DATE (Month/Day/Year): _____

CITY: _____

COUNTRY: _____

**KNOW YOUR FOREIGN CUSTOMER****10. Required Documentation**

| | | F: First time | U: Updatement | F | U |
|---|---|---------------|---------------|---------|--------|
| 1 | Original of the certificate of incorporation, certificate of good standing and certificate of incumbency, or the equivalent documents according with the company jurisdiction, issued by the proper authority, with terms up to two (2) months. | | | X | X |
| 2 | Certified or audited financial statements for the past full years. | | | 2 years | 1 year |
| 3 | Commercial references (only for Bancóldex's suppliers). | | | X | |

TO BANCOLDEX:

| | | | |
|---|---|---------------------------------|-------------|
| <input type="radio"/> Internal previous control | <input type="radio"/> Interview report for first time | CIUU Code: _____ | |
| Comments : | | | |
| Reviewed by: NAME | Area: | Date: / / MONTH DAY YEAR | Signature: |
| Accepted by: NAME | Area : | Date : / / MONTH DAY YEAR | Signature : |