

	KNOW YOUR FOREIGN CUSTOMER FORM LEGAL MANAGEMENT RESOURCES	Código: E-01-01-A-067
		Versión: 3
		Vigencia: 3 años

DATE		CITY	
PLEASE FILL OUT ALL THE BLANKS, NOT SCRIBBLES OR AMENDMENTS. IF IT DOES NOT APPLY WRITE N.A.			
FIRST TIME		UPDATE	
CUSTOMER		HCP	

1. GENERAL INFORMATION									
LEGAL NAME OF THE COMPANY OR NAME OF PERSON								ID NUMBER	
TYPE OF ENTITY				NUMBER OF EMPLOYEES		¿IS A NONPROFIT ENTITY?			
PRIVATE						YES		NO	
GOVERNMENT						WEBSITE			
OTHER (PLEASE SPECIFY) _____									
BUSINESS ACTIVITY (Brief description including product/service description)									
ADDRESS			CITY		COUNTRY				
ZIP CODE		E-MAIL		PHONE NUMBER					
NAME OF THE MONITORING AND SURVEILLANCE AUTHORITY THAT SUPERVISES YOUR ACTIVITY									
Indicate the countries in which you have tax obligations		#	COUNTRY OF TAX RESIDENCE				TIN ¹		
		1							
		2							

2. LEGAL REPRESENTATIVE									
FIRST NAME						LAST NAMES			
ID NUMBER		NAME OF POSITION				E-MAIL		PHONE(S) NUMBER(S)	
ADDRESS		CITY		COUNTRY					
INDICATE IF ANY OF THE FOLLOWING APPLY TO YOU									
POLITICALLY EXPOSED PERSON, COLOMBIAN DECREE 1674 OF 2016 ²				LEGAL REPRESENTATIVE OF AN INTERNATIONAL ORGANIZATION ³				PERSONS WITH PUBLIC RECOGNITION ⁴	
YES		NO		YES		NO		YES	
COMERCIAL REPRESENTATIVE									
FIRST NAME						LAST NAMES			
ID NUMBER		NAME OF POSITION				E-MAIL		PHONE(S) NUMBER(S)	
ADDRESS		CITY		COUNTRY					

3. FINANCIAL INFORMATION (OF THE LAST TAX PERIOD)					
COMPLETE FIGURES / THE SUMS MUST CORRESPOND TO THE FIGURES OF THE FINANCIAL STATEMENTS					
CURRENCY		DATE OF INFORMATION		DD	MM
ANNUAL INCOMES		TOTAL ASSETS			
MONTH INCOMES (AVERAGE)		TOTAL LIABILITIES			
MONTH EXPENSES (AVERAGE)		EQUITY			
DESCRIBE OTHER INCOMES DIFFERENT FROM THE MAIN BUSINESS: ____		AMOUNT OTHER INCOMES			

4. LEGAL INFORMATION			
DATE OF INCORPORATION	INCORPORATION EXPIRATION DATE	CITY	COUNTRY

1 TIN corresponds to the tax ID number issued by the competent authority in the country in which the natural person or legal entity is a taxpayer.

2 According to the Colombian Decree 1674 of 2016, natural persons that are public servants or in the last two years have had this position.

3 International Organization is an entity established through official political agreements between its Member States, which have the status of international treaties; such as the United Nations (UN), OAS (Organization of American States), NATO (North Atlantic Treaty Organization), among others.

4 People widely known (local or internationally) for their activity and jobs in areas such as arts, entertainment, sports, science, Heads of State, Heads of Government, or ministers, among others.

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5. INFORMACIÓN BANCARIA					
NAME OF THE BANK		BANK ADDRESS			
BANK CITY		COUNTRY OF THE BANK			
ACCOUNT NUMBER		ABA		SWIFT	

6. CONTACT DATA ELECTRONIC BILLING					
POSITION		NAME			
ADDRESS		PHONE NUMBER		Ext	
E-MAIL		CELL PHONE			
CITY		COUNTRY			

7. STOCKHOLDERS					
¿ARE YOU LISTED ON A STOCK EXCHANGE?		IF YES, INDICATE	NAME OF THE STOCK EXCHANGE		STOCK SYMBOL
In case your stocks / shares are listed on a stock exchange, please skip the next section - other related parties. On contrary, list the partners, shareholders, associates, contributors or equivalents whose direct participation exceeds 5%. In case the space is not sufficient, please send us a list with the required information.					
FULL NAME	ID NUMBER	ADDRESS	ADDRESS	CITY	% PARTICIPATION

8. OPERATIONS IN CURRENCIES DIFFERENTS FROM COLOMBIAN PESO		
Type of operations or products in currencies differents from colombian peso that the company often does	CURRENCY	MAIN COUNTRY

9. STATEMENT AND AUTHORIZATION	
<p>1. I declare that the goods, services or resources are originated from lawful sources and from the performance of the respective corporate purpose and economic activity. In case that the resources come from a different activity, please specify the source_____.</p> <p>2. I declare that I know the laws related to anti-money laundering and anti-terrorism financing in my jurisdiction. In addition, we have and apply as good commercial business practice a sufficient know your customer due diligence to my customers and suppliers and to the origin and destination of their resources, to prevent money laundering and the financing of terrorism.</p> <p>3. I declare that the resources and/or goods not will be used for, any illegal activity of those contemplated in articles 323 and 345 of the Colombian Penal Code.</p> <p>4. According to the Colombian laws about "Habeas data", I authorize FUNDACIÓN CARDIOINFANTIL to collect, process and circulate my personal data or data of the entity than I represent. I declare that I understand that this information is and will be used for the development of FUNDACIÓN CARDIOINFANTIL corporate purpose and, therefore, may be processed, collected, stored, used, updated, transmitted, put into circulation and in general, used by any treatment, according to the Colombian Law and FUNDACIÓN CARDIOINFANTIL 's document "Política de Tratamiento de Datos Personales".</p>	

10. OTHER STATEMENTS			
Do you or any members of the company hold or has held one of the following offices or positions in or on behalf of a foreign state? Answer Yes or No			
Head of State or Head of Government	YES	NO	
Member of the Executive Council of government or member of a legislature	YES	NO	
Deputy Minister or equivalent rank	YES	NO	
Ambassador or attaché or Counselor of an ambassador	YES	NO	
Military Officer with a rank of general or above	YES	NO	
President of a state-owned company or a state-owned bank	YES	NO	
Head of a Government Agency	YES	NO	
Judge	YES	NO	
Leader or President of a political party represented in a legislature	YES	NO	
Holder of any prescribed office or position	YES	NO	
Have you been sanctioned or investigated for money laundering or terrorist financing activities? If the answer is yes, attach details (date, authority, reason and result or status) _____.	YES	NO	

This information and documentation is confidential and may be requested and consulted by any Colombian or abroad competent authority. I certify that I read, understood and I accept the previous information and declarations.

SIGNATURE	
NAME	
ID NUMBER	

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FOR FUNDACIÓN CARDIOINFANTIL – INSTITUTO DE CARDIOLOGÍA USE ONLY

APPROVED BY			
FULL NAME	AREA	DATE	SIGNATURE
OBSERVATIONS			
CHECKED BY			
FULL NAME	AREA	DATE	SIGNATURE

INFOLAFT	YES		NO		OBSERVATIONS	
UPDATE SERVINTE					NAME/FCARD	
SWIFT CODE					NAME/FCARD	

REQUIRED DOCUMENTATION			
TYPE OF DOCUMENT	FIRST TIME	UPDATE	CHECK
For legal entity, certificate of incorporation, certificate of good standing, certificate of existence and legal representation or equivalent documents, according to their place of incorporation, issued by a competent authority.	X	X	
For natural person, ID document and passport	X	X	
For natural persons and legal entity, a document that contains the tax ID number (TIN) of the country of tax residence.	X		
Commercial references (only for natural or legal entities who are suppliers)	X		
Event Registration Form and Agenda (Corporate Events)	X		

ELABORADO POR: Nombre: OLGA ROCHA Cargo: ANALISTA DE CONTRATOS Fecha: 10/12/18	REVISADO POR: Nombre: LILIAN HIDALGO RODRIGUEZ Cargo: JEFE JURIDICA Fecha: 18/12/18	APROBADO POR: Nombre: LILIAN HIDALGO RODRIGUEZ Cargo: JEFE JURIDICA Fecha: 20/12/18
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