

# ENTAILMENT REQUEST FORM AND UPDATE -BODY CORPORATE

UPDATE 🔲

ENTAILMENT

City	Year	Month Da	ay	Code		Name	of the Office						
					INFORM	ATION O	F THE COM	PANY					
		pany or Co	•				Tax Id. Numbe	er 🔲	Foreign	ld. 🗖			
Date of Incorporation	٦	City of Inc	orpo	ration	Country of	Incorpora	ation	Туре	of Compar	ny 🔲 Private 🌘	Public Mixed		
Class of Official Entir Other, which one? Detail of Economic A	>	🗖 Nat	ional	Provincial	Municipal	(Order) <b>(</b>	Decentralizo	ed	Numbe	m income tax r r of Employee	;		
Address of Main Offi	се								Annual Average Sales (in Colombian million pesos)				
Telephone	Cel	Iphone		City			Province			Country			
				· ·	FINAN		ORMATION						
Total Assets	\$					Liabilitie		\$					
Total Monthly Incon Total Other Income	ne \$			Description Othe		Monthly	Disburseme	nts \$		Cut of Financi	al Information:		
(non-operational othe Do you do operation		ain activity)	Tv	pe of Product	Amou	nt				ear Month Currency	Day		
in foreign currency?	UY	ES 🗋 NO	, iy		Anou					Junency			
Country	Cit	у		Name of Entity			Product Num	ber		Type of Opera	tion: Income 🔲 Disbursement 🗖		
	I			IN	FORMATIC	ON OF TH	IE LEGAL RE	PRES	ENTATIVE				
(complete) last name	es and na	mes of the	Lega	I Representative					Email				
1st last name Identification Col.		2nd last n		1st name and Date of Birth			2nd name Address			Telephone			
No.		-	lace		ear Month	h Day	Address			relephone			
		CON	ΙΤΑΟ	T FORT HE CONFI	RMATION	OF ENT		D/OR		DATA			
Last names and name	s						Telephone						
Position							Email						
ID	ENTIFICA	TION OF S		EHOLDERS OR ASS PITAL, CONTRIBUTIO							OF THE CORPORATE		
Name or Corporate N	Name			Type of Documer					Identificat	ion No.	% share		
Address				City	PEP:Y		Country of F		Residence		Tax Identification Number		
Name or Corporate I	Name			Type of Documer					Identificat	ion No.	% share		
Address							Country of Fiscal Residence				Tax Identification Number		
Name or Corporate I	Name			Type of Documer					Identificat	ion No.	% share		
Address			City				untry of Fiscal Residence			Tax Identification Number			
Name or Corporate I	Name			Type of Documer	C.E.				Identificat	ion No.	% share		
Address				City	PEP:Y	'ES <mark>  </mark> NO <mark> </mark>	Country of F	Fiscal F	Residence		Tax Identification Number		
Name or Corporate I	Name			Type of Document						ion No.	% share		
Address				City	City PEP:YES				Residence		Tax Identification Number		
							O REQUEST						
					FROL		O REQUEST						
Administration Tru	ust 🔲			Investment Trust			Name of Fun	d					
	RI	ESOURCES	S AN	D GOODS TO DELI	/ER FOR A		TRATION TR	UST (C	Does not a	pply for inves	tment funds)		
Money 🗋 Rea	l Estate <b>(</b>	Other		ŀ	dentification	Number o	f the Good		Valu	Je			
					SERVI	CES TO F	REQUEST						
Email for:	М	onthly forwa	rding	of statements 🔲 Daily	forwarding o	of balance:	s and rates	lf y	you wish to r	eceive your stat	ement printed, please mark this box 🔲		
Email													
Email				· · · · · · · · · · · · · · · · · · ·				,					
				REQUEST TO AC	CESS THE	TRANS	ACTIONAL IN	TERN	ET SITE				
Do you wish to us	e the serv	ice for the A	ccess	PRIMA to the internet site and	<b>RY USER R</b> d request a <sup>-</sup>								
Primary User Nam	1e				Col.	ld	C	ellphon	ne	Cit	/		
Address for Delive	ery			Authorized E	mail			C	ontact Telep	hone			
				ck, and modify created	l users.			he com	pany in ord	er to allow seco	ndary users to consult and/or record		
Secondary User N	lame				DARY USER			ohone		City_			
											Ext		
Address for Delive	ery			Authorised E	mail			Contac	ct Telephone		Ext		
"Observation: If	you need	to assign a t	token	to more than two (2) s	secondary u	sers, plea	se fill in anothe	er forma	at and attacl	h it."	)		

**REQUEST OF GPG** 

TELEPHONE CONFIRMATION FOR OPERATIONS AND SERVICES (GPC	, account registry, registry of daily delivery of information, request of toker

would like to send instructions the	nrough GPG encry	pted email	YES 🔲 NO 🗖	Email							
he individuals authorized to confirm the operations and services by telephone are:											
Name			Col. Id. Number	Position							
Felephone	Ext	Cellphone		E-mail							
Name			Col. Id. Number	Position							
Felephone	Ext	Cellphone		E-mail							
Name			Col. Id. Number	Position							
Telephone	Ext	Cellphone		E-mail							

## **CLASSIFICATION OF THE INVESTOR**

#### Dear Investor, please mark your category with an "X"

1. Professional Investor

- 1. Professional investor
  If you meet any of the following characteristics:
  I have an equity equal or greater than ten thousand (10,000) LVMMS (legally valid minimum monthly salary)
  I am the holder of an investment portfolio of securities equal or greater than five thousand (5,000) LVMMS
  I have direct and indirectly carried out fifteen (15) or more sale or acquisition operations during a period of sixty (60) calendar days in a time that do not exceeds two (2) year prior to this moment. (The aggregate value of these operations must be equal or greater to the equivalent to thirty-five thousand (35,000) LVMMS
  I have the certification of a market professional as an operator in force and granted by a self-regulatory body of the stock market
  I am an entity surveilled by the Financial Superintendence Office of Colombia
  2. Investor Client

- 2. Investor Client

Please select the box if you met the following characteristic:

# **RISK PROFILE OF THE INVESTOR**

Dear Investor, please mark your category with an "X"

#### CONSERVATIVE

He is that client whose investment objective is the preservation of capital with investment alternatives that involve low-risk and high-risk liquidity. Faced with several investment options, you will prefer the one that minimizes risk sacrificing profitability. His portfolio will be mainly made up of investments in fixed income.

## MODERATE

WODERATE He is that client who seeks to achieve a balance between profitability and capital growth, since he admits a moderate exposure to risk. His portfolio will consist of 10% - 30% in variable income and the rest in fixed income.

### DYNAMIC

UTENDENCIA FINAV DE COLOMBIA

VIGILADO

He is that client whose investment objective is to maximize his profitability by admitting a significant exposure to risk. An important part of his portfolio may be invested in equities and higher risk products  $\bigcirc$ 

\*If the investor does not select a profile, we will understand that the profile to which he pertains is Conservative." VOLUNTARY DECLARATION OF ORIGIN OF ORIGIN OF FUNDS

"I declare herein that: 1) my resources are of legal origin and come directly from the economic activity and occupation state d in the third section of this form, which are developed in accordance with the valid Colombian legal and regulatory framework. 2) I will not admit that third parties make deposits in my na with funds from other individual(s). 3) If any inaccuracy occurs in the information provided in this form or if any circumstance described in numeral second of this declaration occurs, I authorize Fiduciaria Bogotá to settle my products."

# AUTHORIZATION FOR THE TREATMENT OF PERSONAL DATA

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# INFORMATION TO THE FINANCIAL CONSUMER

I declare herein that I have received certain, clear, sufficient, and timely information about the characteristics, conditions, and security measures, recommendations, costs, and risks of use of the products that I have acquired with Fiduciaria Bogotá, as well as the rights, responsibilities, and security measures that I must adopt in handling them.

information filled out in this form must be submitted without amendments, crossing outs, and/or blank spaces. These must be annulled with a horizontal line or "Does not apply"

# DUTIES AND OBLIGATIONS FROM THE TRUST COMPANY TOWARD THE INVESTOR

Dear Client: in attention to the policies of the trust company, we inform hereunder the duties that we have with you, in the following order: DUTIES AND OBLIGATIONS OF THE TRUST COMPANY TOWARD THE INVESTOR. 1. Protection request as "investor client." 2. The trust company must act as prudent and diligent expert. 3. Duty of information. The trust company must adopt the policies and proceedings to deliver the information addressed to its dients or possible clients on the investments. 4. Duties face to conflicts of interest. The trust company must set forth and apply principles, policies, and proceedings consistently for the detection, prevention, and operations on values, by the clients. 6. Duty of reserve. Except specific exceptions, the trust company must time and correctly document time orders received and operations on values, by the clients. 6. Duty of reserve. Except specific exceptions, the trust company must time and correctly document the orders received and operations to the prices that the trust company must to provide individualized and relevant recommendations of the type of operation. The trust company must do valuations to the prices that the trust company must to be sevention of preventions. The trust company must and excert of the client makes decisions pursuant to his risk profile. 9. Duty of best execution of preventions. The trust company must and se operations. 11. Application of worn unles. According to the rules of the market 1.2. Duties with respect to non-standardized financial derivate operations. Stock intermediaries must also comply with the duties previously mentioned when doing non-standardized financial derivate operations. Stock intermediaries and characteristics of the operation with respect to counter parket to counterparket conditions in the elevent the counter parket to counterparket sections. 14. Additionatid duties of information with respect to counterparket enviously into the elevent is a counterparket. When the trust company must the prines and characteristics of the operat

Fingerprint (right Index)

Client's signature (Col. Id. Tax Id. Num.)

SPACE RESERVED TO BE FIL	LED IN BY THE BANK	AND/OR FIDUCIARIA BO	GOTÁ S.A
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The Legible name of the officer who interview	Place of the Interview		Year	Month	Day	Hour	Signature of the officer who interviews		ws				
Position The information submitted by the results of the interview				consiste	nt with the	YES	NO						
Legible name of the officer who confirms the information					ature of t	he offic	er who	confirms	the info	ormatio	า		
Position			C.C. N°					Date:	Year	Month	Day		
For further information about our product and services, please visit www.fidubogota.com FB-045-1 (JANUARY-18)													

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The obligations of the trust company are of means and not of results