

Business associate form

The business associate form must be filled out to its entirety, avoiding all and any signs of correction, cross outs and with a legible signature.

Version 3: Valid since 29/07/2019

Client Supplier		Regis Upda	stration te			Reg	gistration date		
1. Associate's name	I. Ic	lentific	ation inform 2. Fiscal identification			3	3. Partnership type		
4. Creation date	dress	N	6. City			7. Country			
8. Email address	9. Website		10. Telephone r			number(s) (+ COD #)			
	II Do	procon	station infor	mation					
11.Legal representative			resentation information 12. Type N°			_ 13. Nacionality			
1674 of 2016 and in the recomme (in case of requiring to compleme answering in the affirmative please Position held Current/terminate/, or currently Additionally I declare: Yes No children, grandchildren, In - laws, answering in the affirmative please identification number* *PEP, person who meets at least one of - PPE: Person Publicly Renowned, this	nt the information a state the following the state the following the employed. have a family brothers/sistersize state the following.	n please a ing: relationsh in law, add wing: kinsh ia: ablished.	Appointmen Appointmen hip with: spouse opting or foster pointing, PEPORO	t Date _ or permaner arents, who name	on Form " / nt partner, meet the	, which	is attached). In case of, Termination Date s, siblings, grandparents, of being PEP. In case of, and n International Organizations.		
personalities and renowned athletes. 15. Legal representative – deputy			16. Type	(T: Politically Exposed Foreign F			ionality		
18. Business contact's name		19. Type N°		20. Nationality					
	III (Govern	mental regu	lation					
21. Is your company subjected to and of financing terrorism? (ML/F	governmental r				isk of moi	ney lau	ndering YES NO		
	IV	. Finan	cial informa	tion					
22. Average monthly income \$ 23.		3. Average monthly expenditure							
25. Total debt \$ 26. Other ge			erated income \$ 27. D			etail of other generated income			
28. Email address to send digital in	nvoice		29. Contact's na	me of who i	receives d	ligital in	voice		
30. Bank	V. Transa	action a	assigned ba	nk acco	unt 1. City/Co	ountry			
32. Bank account number 33. SV			IFT Code	34. ABA C			Code		
VI. Name 35. Name 36. Country		e of central office ar 37. City/State		d/or branches		3	38. Address		

VII. Majority/Cor	ntro <u>lli</u> ı	ng shar	eh <u>ol</u>	ders (ı	mor <u>e t</u>	han <u>10</u>	%) or	boa <u>rd</u>	memb	ers	
39. Name and last name			SH	40. ID t		41. ID n			42. Natio	nality	
		E	3M								
		5	SH								
		F	ВМ								
			SH								
			3M								
		5	SH								
		E	3M								
VIII. Type of con	nmerc	ial/bus	ines	s relati	ionshi	n with	Unihá	n Serv	ricios S	. Δ	
		of busine					Omba		trolled sub		
Goods Services	Importer	Expo	rter	Other	Which	n one?			YES	NO	
46. Brief description of the nature o							vices nro	fessional			
supplier, independent contractor, m	anufactu	irer of peri	shable	goods, n	narketer e	etc).					
47. Do you require your personnel during the *shipping/supplying or *a							or other o	company	facilities	YES	NO
48. Do you require a work area pro	vided by	/ Unibán S	ervicio	s S.A., w	ithin the	port facili	ties and/	or other o	company		
facilities?									-	YES	NO
IX. Participants in th	ae Iogi	istics c	hain	as IIn	ihán S	ervicio	ne S A	husin	1000 20	sociate	
49. Customs service	ie iogi	50.Requir				GIVICIO				ork inside	
Name		Unibán S				NO.	facilities			YES	NO
Traine						110				120	140
		NIT E	ΞIN	Other _		Number					
52. Cargo agency		53. Requi							ance to w	ork inside	
Name		Unibán S	ervicios	s facilities	YES	NO	facilities			YES	NO
		NIT E	ΞIN	Other		Number					
55. Transport company		56. Requi				TAGITIDGE		iiroo ontr	ones to w	ork inside	
		Unibán S					facilities		ance to w		NO
Name		O'IIIDAII O	01 110101	o raominoc	YES	NO	idominoo			YES	NO
		NIT E	ΞIN	Other_		Number					
58. Other		59. Requi	res wo	rk area ir	nside		60. Req	uires entr	ance to w	ork inside	
Name		Unibán S	ervicios	s facilities	YES	NO	facilities			YES	NO
		NUT F	-181	Other			1				
		NIT E	EIN	Other _		Number					
		X. *Ce	rtific	ations	/Certif	icates					
61. Indicate current awarded certific	cates						Are you	certified i	in other no	orms?	
OEA ISO28000	BASC	IS	0900	1 No	certificat	tions	YES	NO	Which	n ones?	
		ΥI	Ruei	nass r	eferen	CAS					
62. Company's name 63. Com	pany's c	ontact info			_	/Country	65. Com	pany's co	ontact pho	one number	ſ
	ΥI	I. Autho	oriza	tions a	and sta	atemer	nts				
	XI	n Addill	JF1Z4	TONO (and St	acomici	110				
Statements: Acting on my own of	name			. volu	ntarily a	, nd certify	as ⁄ing that	the all Info	legal	Represen	
verifiable, I state the following pro order to prevent, detect and control bribery, other corrupt practices or ill. 1. The information I have hereby prinformation or sooner if necessary mistaken, false or inaccurate Information derive from it. 2. Both my business activity and mand conducted within the legal normation code or in any legal normation. 3. The profits generated as a result	ol money legal acti provided y. In cas nation or my profes ms and t udes or m	y launderin vities asso in this do se of viola statement ssion or or he assets nodifies it.	the puring active ciated cumen attion of the ciated cumen attion owned the ciated cumen attinuation attinuation attinuation attinuation att	rrpose of vities, find with community is actual from any of mpt UNIE fon, and the domain of the first transfer on the first transfer on the first transfer of the viting and the first transfer on the first transfer on the viting and the viting are transfer on the viting are transfer or transfer or the viting are transfer or trans	establish ancing of ancing of merce/bu al, verifial these mas AN SER the activite come from	ing full confit terrorism usiness tra ble and I andatory VICIOS S ties carrie m any ille	ompliance on, contral ansaction persona regulation S.A., of all ed out by gal activi	e of the education of the communication of the communication of the communication of the contain the contain of	establishe ug trafficki ions: it to annu ined in the responsi pany I re ned in the	d legal nor ing, interna ually update is docume bilities that epresent, ar Colombia	ms in itional e said nt, or could re licit Penal
terrorist groups or terrorist activities				,			, •				,

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- **4.** It will not be permitted that deposits coming from illegal activities contained in the Colombia Penal Code or in any norm that includes or modifies it, be made in our bank accounts, also business transactions or activities of any kind will be not conducted to favor individuals associated with said illegal activities.
- **5.** I have been properly informed that any business partnership with me / the company I represent will be terminated unilaterally by UNIBÁN SERVICIOS S.A., in case of violation of any of the mandatory regulations or any falsehood in the information contained in this document.
- 6. The assets owned by the company I represent come from the following sources as indicated in this document.

Profits and interests Dividends y participations Sales Other_____

- 7. The need of participating actively and voluntarily in the assurance of any and all business Activities and logistics chain of UNIBÁN SERVICIOS S.A., is fully understood and it is in our best interest to coordinate and collaborate with the United States Customs Service, the antidrug police force and other national and foreign authorities, and as well as business associates in the implementation and strengthening of the security standards aimed at protecting facilities, activities, cargo, transportation, employees, business associates, from any and all harmful actions of individuals or groups intended to use these with the purpose of money laundering, drug trafficking, terrorism or any other illegal activity.
- 8. It is in our best interest to comply with the norms contained in the prevention systems of money laundering and the financing of terrorism, as well as initiatives such as CTPAT(Customs-Trade Partnership Against Terrorism) customs and commercial partnerships against terrorism and/or BASC (Business Alliance for Secure Commerce).

Important considerations:

- 1. To the client/supplier's knowledge, the requested information in this form are collected following the instructions and guidelines of DIAN, UIAF, Ministry of Finance and the international standards to prevent and control money laundering, financing of terrorism, international bribery and other corrupt practices.
- 2. In accordance with item b) of the article 2 of the law 1581 of 2012, the guidelines that aim to protect personal Information which are contained in said norm, are not applicable to the database and records collected with the purpose of preventing, detecting, monitoring and controlling money laundering and financing of terrorism.
- 3. UNIBÁN SERVICIOS S.A., within the legal framework of the Corporate Government Code promotes and supports the appropriate interface among its government branches under strict standards of transparency, constant and reliable flow of information, audit, anti-corruption and prevention internal mechanisms to guarantee the achievement of corporate and business/commercial goals.

Authorization:
UNIBÁN SERVICIOS S.A., is authorized to report, process and request information about the financial and commercial behavior, either as my person or as the company I legally represent, registered in the risk assessment companies database. I hereby enter my signature in this document as proof of having read, understood and accepted all of its content.

XIII. Required Documentation

- 1. Fill out and sign the business associate form.
- 2. Authorization for the processing of personal information.
- 3. Registration Certificate, Tax Identification Number (NIT, VAT, etc.).
- 4. Copy of legal representative Identification document.
- 5. Letter with an institutional letterhead indicating banking information (provided by the person or by the bank).

Signature		
ID		