

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**

**Registration
Update**

Registration date

I. Identification information

1. Associate's name		2. Fiscal identification N°		3. Partnership type	
4. Creation date	5. Company address		6. City	7. Country	
8. Email address		9. Website		10. Telephone number(s) (+ COD #)	

II. Representation information

11. Legal representative		12. Type _____ N°	13. Nationality
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14. . **I declare:** Yes No to be categorized as a publicly exposed person PEP*, according to what's established in the decree 1674 of 2016 and in the recommendation 12 of 2012 of the International Financial Action Group GAFI - by its Spanish Acronym - (in case of requiring to complement the information please abide by the "PEP Identification Form ", which is attached). In case of answering in the affirmative please state the following:

Position held Current/terminated _____ Appointment Date ____/____/____, Termination Date ____/____/____, or currently employed.

Additionally I declare: Yes No have a family relationship with: spouse or permanent partner, parents, siblings, grandparents, children, grandchildren, In - laws, brothers/sisters- in law, adopting or foster parents, who meet the criteria of being PEP. In case of answering in the affirmative please state the following: kinship, _____, name _____, and identification number _____.

*PEP, person who meets one of the aspects of the criteria or both of them:

- PPE: Person Politically Exposed, according to what's established.

- PPR: Person Publicly Renowned, this category includes singers, actors, media personalities and renowned athletes.

15. Legal representative – deputy		16. Type _____ N°	17. Nationality
18. Business contact's name		19. Type _____ N°	20. Nationality

III. Governmental regulation

21. Is your company subjected to governmental regulations to prevent and control the risk of money laundering and of financing terrorism? (ML/FT) YES NO

IV. Financial information

22. Average monthly income \$		23. Average monthly expenditure \$		24. Total assets \$	
25. Total debt \$		26. Other generated income \$		27. Detail of other generated income	
28. Email address to send digital invoice			29. Contact's name of who receives digital invoice		

V. Transaction assigned bank account

30. Bank			31. City/Country		
32. Bank account number		33. SWIFT Code		34. ABA Code	

VI. Name of central office and/or branches

35. Name		36. Country		37. City/State		38. Address	

VII. Majority/Controlling shareholders (more than 10%) or board members

39. Name and last name	SH BM	40. ID type	41. ID number	42. Nationality
	SH BM			
	SH BM			
	SH BM			

VIII. Type of commercial/business relationship with CI Uniban S.A

43. Business relationship	44. Type of business/commercial relationship	45. Controlled substance
Goods Services	Importer Exporter Other Which one? _____	YES NO

46. Brief description of the nature of the *business/commercial relationship (logistics services, professional consulting, national supplier, independent contractor, manufacturer of perishable goods, marketer etc).

47. Do you require your personnel to carry out any tasks within the port facilities and/or other company facilities during the *shipping/supplying or *acquisition/purchase of any goods or service? YES NO

48. Do you require a work area provided by C.I. Uniban S.A within the port facilities and/or other company facilities? YES NO

IX. Participants in the logistics chain as C.I. Uniban S.A. business associate

49. Customs service	50. Requires work area inside C.I Uniban facilities	51. Requires entrance to work inside C I Uniban facilities
Name	YES NO NIT EIN Other _____	YES NO Number
52. Cargo agency	53. Requires work area inside C.I Uniban facilities	54. Requires entrance to work inside C.I. Unibán facilities
Name	YES NO NIT EIN Other _____	YES NO Number
55. Transport company	56. Requires work area inside C.I Uniban facilities	57. Requires entrance to work inside C.I. Unibán facilities
Name	YES NO NIT EIN Other _____	YES NO Number
58. Other	59. Requires work area inside C.I Uniban facilities	60. Requires entrance to work inside C.I. Unibán facilities
Name	YES NO NIT EIN Other _____	YES NO Number

X. *Certifications/Certificates

61. Indicate current awarded certificates	Are you certified in other norms?
OEA ISO28000 BASC ISO9001 No certifications	YES NO Which ones?

XI. Business references

62. Company's name	63. Company's contact information	64. City/Country	65. Company's contact phone number

XII. Authorizations and statements

Statements:

Acting on my own name _____, as the legal Representative of _____, voluntarily and certifying that all Information entered here is verifiable, I state the following pronouncements with the purpose of establishing full compliance of the established legal norms in order to prevent, detect and control money laundering activities, financing of terrorism, contraband, drug trafficking, international bribery, other corrupt practices or illegal activities associated with commerce/business transactions/operations:

1. The Information I have hereby provided in this document is actual, verifiable and I personally commit to annually update said information or sooner if necessary. In case of violation of any of these mandatory regulations contained in this document, or mistaken, false or inaccurate Information or statement, I exempt C.I. UNIBÁN S.A. of all and any responsibilities that could derive from it.

2. Both my business activity and my profession or occupation, and the activities carried out by the company I represent, are licit and conducted within the legal norms and the assets owned, do not come from any illegal activity contained in the Colombia Penal Code or in any legal norm that includes or modifies it.

3. The profits generated as a result of the business partnership with C.I. Uniban S.A., will not be used to finance terrorism, terrorist groups or terrorist activities of any kind.

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 C.I. Unibán 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, participations Sales Other _____

7. The need of participating actively and voluntarily in the assurance of any and all business Activities and logistics chain of C.I Uniban 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. C.I. Unibán 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:

C.I. UNIBÁN 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