

Note: fill in the shaded fields and spaces as appropriate.

 The reason for completing this form is:  First time Affiliation  Information Update

**1. Type of relationship**  FDN  Third Party Business

 Debtor  Grantor  Customer Other, which?

**2. Type of Product**

 1. Credit:  1.1 Senior Debt  1.2 Subordinated Debt Currency:  COP  USD OTHER

2. Bank Guarantee: 2.1 Type?

 Trust management  Escrow Account Other, Which?:

 3. Trust Agreement:  
 (Fill out only if the Trustee is the FDN)

 Instrument to deliver:  Money  Property  Shares  Values Other, which?

Description of Good to be delivered:

4. Others: Which?:

**3. General Data**

Company Legal Name:

COMPANY ID:

Incorporation date:

Abbreviated:

Web page:

Primary Address:

E-mail:

Economic Activity:

CIU Code

Mailing Address:

 E-mail

 Main Address

Other, Which?

City:

State:

Country:

Company phone:

Company Fax:

**4. Type of company**
 Government owned

 Private

Nonprofit entity:

 Yes

 No

Company/Entity supervised by?

**5. Principal Legal Representative**

First Name:

Middle name:

First Lastname:

Second Lastname:

 Document type:  National ID

ID number:

 Driver's License  Immigrant card  Passport  Diplomatic document

Date of Issue:

Office:

E-mail:

Place of Issue:

Phone:

Address:

**6. Shareholders or Associates, that directly or indirectly hold more than five percent (5%) interest**

Full Name or Company Legal Name - If the shareholder or partner is a legal entity attach the articles of Incorporation/Organization and certificate of good standing issued by the State of Incorporation	National ID/ Company ID	Issue Date of identity document	% Participation

**7. Financial information**

 Currency:  USD  EUR  Other: Which:

Date of the last statement:

Monthly Operating Income:

Monthly expenses:

Monthly non-operating income:

Origin:

Amount:

Total Assets	Total Liabilities	Total Equity	Net Income
			Authorized capital
			Subscribed Capital

**8. Foreign currency transactions**

8.1 Are there any transactions in Colombian pesos (COP)?  Yes  No  
 Investments  Foreign currency loan  Payments  Other operation Which? \_\_\_\_\_

8.2 I declare that the operations normally performed in Colombian pesos (COP) are: \_\_\_\_\_

8.3 If you have financial products in Colombian pesos (COP) please specify: Type, ID, Entity, Amount, City, Country and Currency  
 \_\_\_\_\_

**9. Commercial references (If none, Shareholders references)**

Company Name	City/Country	Phone/Fax	Address

**10. Authorization and release to consult reporting agencies, credit bureaus and databases**

By signing this form I authorize and release all information relating to credit activity to the Financiera de Desarrollo Nacional SA-FDN willingly and voluntarily for statistical analysis, control, monitoring and credit information to consult, request, report and process the information to the Colombian credit bureaus or any other Colombian entities that handle or manage databases for these purposes.

In addition, I have informed the partners or associates mentioned in this form with respect to the distribution of information pertaining to this application and disclosure to the Colombian credit bureaus or any other Colombian entities that manage or administer databases for these purposes.

**11. Electronic Funds Transfer**

Name of Financial Institution	Swift Code:	Branch / Office	Account type <input type="checkbox"/> Saving <input type="checkbox"/> Current
Full Company Legal Name of Account Holder:		Company swift code	Account number
		IBAN:	

**12. Voluntary declaration of origin and destination of funds (if required expand, use an attachment)**

I, \_\_\_\_\_ with Passport Number \_\_\_\_\_ of \_\_\_\_\_  
 acting on my own behalf or as legal representative of \_\_\_\_\_ ID \_\_\_\_\_  
 hereby provide assurance that everything contained herein is true and accurate and make the following statement with regard to the source of funds to Financiera de Desarrollo Nacional SA - FDN SA, in order to comply with Colombian legislation with respect to Anti-money laundering and the prevention of financing acts of terrorism.

I hereby declare that the origin of the funds for this transaction which may include deposits or payments comes from the following sources (nature of business activity, trade, profession, etc.). Do not write generic names, such as: Merchant.  
 \_\_\_\_\_

I hereby declare that the consideration I have provided, does not come from any illicit activity as defined in the Colombian Penal Code or any amendment thereof. I shall not permit third parties to make any deposit into my accounts with funds originating from illicit activities as defined under the Colombian Penal Code or any amendment thereof, nor shall I take part in any activity or transactions involving such activities or that may benefit persons involved in such activities. I hereby authorize the liquidation of any deposits held by this institution, in the event there is a breach of any of the sections contained herein, thereby exempting the Financiera de Desarrollo Nacional SA - FDN, from any liability that may arise from incorrect, false or inaccurate information that I may have provided in this document or due to the violation of any obligation contained herein.

**13. Other statements or Authorizations**

- I hereby declare that the information provided is true and accurate and I shall update the same at least once a year or upon request.
- I authorize the Financiera de Desarrollo Nacional SA - FDN, to consult, validate and verify the information provided herein including such information pertaining to related persons listed in this form with any control and surveillance entity, agency or organization whether of national or international origin.
- I declare that I have no conflict of interest with the Financiera de Desarrollo Nacional S.A. - FDN

Under penalties of perjury, I declare, attest and certify that I have read, understood and accept the content of this document, and to the best of my knowledge and belief, it is true, correct, and complete :

dd/mm/yyyy \_\_\_\_\_ in the city of \_\_\_\_\_

Legal Representative's signature and fingerprint

SIGNATURE:  
 NAME: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_  
 ENTERPRISE \_\_\_\_\_ COMPANY ID: \_\_\_\_\_





**LEGAL ENTITY AFFILIATION FORM**

14. Required Documents	Beneficiary	Provider	Credit	Guarantee	Trust
This completed form.	X	X	X	X	X
Articles of Incorporation/Organization and a current certificate of good standing issued by the State of Incorporation.	X	X	X	X	X
Photocopy of Driver's License, passport or National ID of the legal representative of the Company.	X	X	X	X	X
List of first level officers involved in the business.			X	X	X
W-8BEN-E form (or the applicable W-8)			X	X	X
Documents certified that Legal Representative has the capacity to bind the company (If Applicable)			X	X	X
Support registration of the company in FATCA List (If Applicable)			X	X	X
Financial statements for the last period available.			X	X	
Audited Financial Statements (Statement of Account and Income Statement with accompanying schedules) and cash flow for the last three (3) years.			X	X	
List of the main partners, members and/or shareholders that have at least a five percent (5%) interest in the company and a copy of a valid ID for each.	X	X	X	X	X
Projected Financial Statements and Cash Flow for the life for the loan. If the applicant has been incorporated for less than two years it must submit a balance since the date of incorporation, audited financial statements for the last financial year, if the case.			X	X	
Annual Report of the last two years.			X	X	

**Visit Inform - exclusive space to FINANCIERA DE DESARROLLO NACIONAL SA**

Date and Hour of visit:	Officer name:	
Office:	Signature:	
Date Information was confirmed and verified	Has information been confirmed? <input type="checkbox"/> Si <input type="checkbox"/> No	Is there a conflict of interest with the official who held the interview? <input type="checkbox"/> Si <input type="checkbox"/> No
Observations / Interviewer Comments:		Specify conflict of Interest:

**Background Verification**  
 Any negative reports on credit risk databases?  Yes  No      Name of Report \_\_\_\_\_  
 Reference made by \_\_\_\_\_ Date \_\_\_\_\_

**Authorization to open bank account for disbursements**  
 Approved Credit  Yes  No      N° \_\_\_\_\_ Amount: \_\_\_\_\_ Rate \_\_\_\_\_  
 Account Authorized by \_\_\_\_\_ No. of Authorized Accour \_\_\_\_\_  
 Comments \_\_\_\_\_

**Bank References**

Bank _____	Product(s) _____	Date of Opening _____	Managed _____
Bank _____	Product(s) _____	Date of Opening _____	Managed _____
Bank _____	Product(s) _____	Date of Opening _____	Managed _____

**Comercial References**

Reference requested: \_\_\_\_\_  
 Types of Business held: \_\_\_\_\_  
 Address and Telephone of Applicant: \_\_\_\_\_  
 General Comments : \_\_\_\_\_  
 Referencia Made By: \_\_\_\_\_ Fecha: \_\_\_\_\_

Signature Officer	Signature Compliance Officer
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