



Recording Support  
SUPPLIER REGISTRATION

Code: RAF-FIN-0012

Version: 7

Page 1 of 2

DATE	DD	MM	YY	REGISTRATION	UPDATE	
<b>PROVIDER IDENTIFICATION</b>						
LEGAL NATURE		JURIDICAL PERSON <input type="checkbox"/>		NATURAL PERSON <input type="checkbox"/>		
NAME OR BUSINESS NAME			TYPE OF IDENTIFICATION DOCUMENT B.I.D. <input type="checkbox"/> I.D. <input type="checkbox"/> F.I.D. <input type="checkbox"/> P.S. <input type="checkbox"/> Diplomatic Card <input type="checkbox"/>		IDENTIFICATION NUMBER	EXPEDITION PLACE
CONSTITUTION DATE	CONSTITUTION CITY		CONSTITUTION COUNTRY	MAIN OFFICE ADDRESS		CITY
TELEPHONE	FAX	E-MAIL				
BRANCH OFFICE ADDRESS		CITY		TELEPHONE	FAX	
CLASSIFICATION TO REGISTER	<input type="checkbox"/> SERVICES CONTRACTOR		<input type="checkbox"/> CONSTRUCTION CONTRACTOR		<input type="checkbox"/> CONSULTANT-ASSESSOR	<input type="checkbox"/> GOODS AND / OR SERVICES
<b>LEGAL REPRESENTATIVE INFORMATION</b>						
LEGAL REPRESENTATIVE		TYPE OF IDENTIFICATION DOCUMENT I.D. <input type="checkbox"/> F.I.D. <input type="checkbox"/> P.S. <input type="checkbox"/> Diplomatic Card <input type="checkbox"/>		IDENTIFICATION NUMBER	EXPEDITION PLACE	
ADDRESS			TELEPHONE	E-MAIL		
POLITICALLY EXPOSED PERSON (PEPS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	POSITION HELD (IN THE LAST 2 YEARS)		
<b>FINANCIAL INFORMATION</b>						
YEAR	ANNUAL SALES \$		TOTAL ASSETS \$	TOTAL LIABILITIES \$	TOTAL EQUITY \$	
OPERATING INCOME \$		NON-OPERATING INCOME \$		EXPENSES \$		
DESCRIPTION OF NON-OPERATING INCOME						
<b>SHAREHOLDERS STRUCTURE</b>						
TYPE ID.	NUMBER	NAME	% SHARE	POLITICALLY EXPOSED PERSON (PEPS)		POSITION HELD (IN THE LAST 2 YEARS)
				YES	NO	
<b>TAX INFORMATION</b>						
MAIN BUSINESS CODE		ECONOMIC ACTIVITY DESCRIPTION			ICA ACTIVITY CODE	
INCOME TAX CLASSIFICATION			MAJOR TAXPAYER		IVA REGIME	
SELF-WITHHOLDER <input type="checkbox"/> RESOLUTION N° _____		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> COMMON <input type="checkbox"/> SIMPLIFIED		
NON-WITHHOLDER <input type="checkbox"/> WITHHOLDER <input type="checkbox"/>		RESOLUTION N° _____		<input type="checkbox"/> NOT RESPONSIBLE		
WITHHOLDING TAX YES <input type="checkbox"/> NO <input type="checkbox"/>		INDUSTRY AND TRADE WITHHOLDING AGENT YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>BANK INFORMATION</b>						
BANK		SUBSIDIARY	BANK ACCOUNT NUMBER	TYPE OF BANK ACCOUNTS		
				SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/>		
<b>CONTACT PERSONS</b>						
CONTACT		TELEPHONE	ROLE	EMAIL		
<b>COMMERCIAL REFERENCES</b>						
COMPANY		ADDRESS	TELEPHONE	CITY	TIME OF SERVICE	

**DECLARATIONS AND AUTHORIZATIONS****AUTHORIZATION FOR COLLECTION, USE AND TREATMENT OF PERSONAL INFORMATION**

The signer (s) according to the qualities manifested in the signature, by means of the signing of this document I authorize SOCIEDAD PORTUARIA REGIONAL DE BUENAVENTURA S.A. For the collection, use and treatment of personal data contained in this format and those that will be supplied or collected in the future, for the purposes and in the terms described in the Privacy Policy available at [www.sprubn.com](http://www.sprubn.com).

In this sense I give my express and irrevocable consent to the entity or to whom in the future represent their rights, to: a) Perform communication activities for contractual, informational or commercial purposes; B) Take steps for the knowledge of the supplier, verification of information, and wise up about my business behavior through my business references provided and verification of aspects such as the control of the Laundering Asset Risk Management and Terrorism Financing System; C) Control and preservation of the security of people, goods and information. D) The fulfillment of legal, accounting, commercial and regulatory duties e) Socialization of policies, projects, programs and organizational changes; And f) the performance of statistical, commercial, strategic, financial, social, technical, risk rating analysis; G) Attention and processing of complaints made by current or potential suppliers; H) Provide the information to the subsidiaries of SPRBUN, commercial allies or other companies or people that SPRBUN commissions to carry out the processing of the information; I) Provide the information to commercial allies, so that they can make contacts to offer goods and services, and invitation to participate in programs, projects or events; J) To stop or prevent fraud, attacks on the safety of SPRBUN or others, prevent technical problems or protect the rights of others as required by the terms and conditions or the law; K) acknowledge that, in addition to the obligations established in the contract to be signed, it is my obligation with respect to the personal data that I will know, use, administer, provided by SOCIEDAD PORTUARIA REGIONAL DE BUENAVENTURA S.A.: (I) To apply to the obligations acquired by SOCIEDAD PORTUARIA DE BUENAVENTURA in the Privacy Policy that I declare to know; (ii) Carry out data processing in accordance with the purpose that the holders have authorized and with the applicable laws; (iii) To safeguard the security of the databases containing personal data and the other ones that assign the current norms. I declare that my processes and activities comply with the current rules on the protection of personal data and that my personnel are properly trained for the application of those rules.

In any case, the treatment of my personal data and those of my representatives is subject to the protection established in Law 1581 of 2012, its regulatory decrees and the norms that modify them, as well as the privacy policy Published on the website of the entity, the exercise of rights to rectify, modify, update or delete my information as well as the conduct of consultations may be made via email or physical to the following addresses: Email [asistentessac@sprubn.com](mailto:asistentessac@sprubn.com), physical address Port Avenue - Administrative building.

**SOURCE OF FUNDS DECLARATION**

I manifest and declare expressly:

- Both my activity and profession or occupation is lawful and I perform it within the legal frameworks, The resources that I have, come from an activity that is not those covered by the Colombian Penal Code as unlawful.
- The information I have provided in this document is truthful and verifiable, and I force myself to update it annually or whenever SPRBUN S.A. request it, proving all the documentary support required.
- The funds derived from SOCIEDAD PORTUARIA REGIONAL DE BUENAVENTURA contracts will not be used to finance terrorism, terrorist groups or terrorist activities.

**ELECTRONIC TRANSFERENCE AUTHORIZATION**

I authorize SOCIEDAD PORTUARIA REGIONAL DE BUENAVENTURA S.A. for electronic transferences into our account described above, the amounts for pay our bills.

SPRBUN is not liable for any consequences related with inexact and / or incorrect information, or if your changes are not reported promptly. It is the responsibility of the legal representative of their companies keep us informed through a written document of any changes incurred in this authorization.

**CONFIDENTIALITY AND NON-DISCLOSURE DECLARATION**

I manifest and declare expressly:

I force myself to neither divulge nor disclose in any way the information I have received and I receive from SOCIEDAD PORTUARIA REGIONAL DE BUENAVENTURA S.A. related to the provision of its services. The provider must keep in reserve and neither disclose nor use for own benefit or other benefits and for other purposes than those requested by the provider, it is prohibited to disclosure even for academic purposes. You must keep in reserve and not to disclose protected information by copyright or trade secret in accordance with current regulations and that it is part of the client information. Customer will not make reverse engineer or decompile any confidential information provided. In case of default, the customer shall be liable for damages that could result in the violation of confidentiality.

This application must be completely filled, under the provisions of Circular 170 of 2002 issued by the DIAN.

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Date and Signature (natural person or legal representative)

**REQUIREMENTS AND ATTACHMENTS (SEND THEM DULY COMPLETED)**

DOCUMENTS	JP	NP
Certificate of existence and legal representation, not exceeding 30 days.	X	X
Identification of Shareholders that have directly or indirectly 5% or more of Share Capital.	X	
Copy of the Business Identification Document	X	X
Copy of the Identification Document of the Legal Representative	X	X
Bank Certification	X	X
Resolution of major taxpayer (if applicable).		
Resolution of self-withholder (if applicable).		
Declaration of Conflict of Contractors Interest form RC-AUD-0001 published on the website: <a href="http://www.sprubn.com">www.sprubn.com</a>	X	X
Certificate of Decree 1070		X

JP (JURIDICAL PERSON)

NP – (NATURAL PERSON)

The information contained in this document is confidential.