



FORM OF DATA UPDATE, CLIENT KNOWLEDGE AND SECURITY AGREEMENT (INTERNATIONAL CLIENTS)

F-VYS-022
Versión: 2
05/21/2018

On behalf of the Colombian Government Tax Administration, by means of the disposition of the External Circular Letter 0170 , date 10/10/02, we request you to completely fill this form with all the information below and send it to our offices, attaching the following documentation, which is required for our business operations.

❖ Copy of certificate of Existence and Legal Representation

❖ Copy of Tax ID

1. Name and Last Name or Company Name

2. Tax ID

3. Web Page

4. Address (Headquarters and
branches (if apply)

5. City

6. Country

7. Phone Numbers

Legal Representatives

8. Last Names and Names of Legal Representatives

9. ID

10. Address

11. City

The Bussines Partners

12. Last Names and Names of the Business Partners

13. ID

14. Address

15. City

The Contact Person

16. Last Names and Names of the Contact Person

17. Cell Phone

18. e-mail

19. Job Position

Banking References

20. Bank

21. Account Number

22. Office

23. Phone

24. Instructions for Delivery

25. Security Agreement

THE CLIENT is committed to:

1. Accept a domiciliary visit that our company will do in your facilities, according to the demanded procedure of Credit Quota, established by the firm.
2. To have security procedures in the place of loading, vehicle inspection procedures, containers, stamps, etc, in order to minimize contamination risks, theft or goods damage.
3. To recognize the importance of establishing security processes and procedures in the client's operations, facilities and staff and make extensive this good practices that are related to the business (customers and suppliers)

26. Declaration and authorization :

I declare that the information provided in this form is according to reality and I am responsible of its veracity. I, the undersigned, the carrier of the Identification indicated in this form, state that my profession and related activities are lawful and are done inside legality. I am committed to update, if necessary, all the information consigned in this document. I authorize, behalf the firm, to process, report and send information to the central information and risk services

The use and treatment of personal information is part of PROGEN S.A. policy, which you can find in the following web page: www.royalcondor.com , www.aliensenzalizacion.com y www.progen.com.co or you can request to the following email : servicioalcliente@progen.com.co

Progen S.A., as responsible of the use and treatment of your information, requests your prior and expressed authorization to continue with the use of the information provided.

Signature of Legal Representative: _____

Name of Legal Representative:

ID:

Date: