

APPLICATION TO OPEN AN INVESTMENT ACCOUNT FOR A LEGAL ENTITY

Requested Service Data

Margin Accounts	Mutual Accounts or Securities Lending Accounts	
Shares	Bonds	
Custody	Mixed Portfolio	Specify: _____

IMPORTANT: 1. The management of the account will be **NON DISCRETIONARY** where the client gives instructions to AVANZA at the moment of making any transaction based on clause 10 (a) of the STOCK EXCHANGE ACCOUNT AGREEMENT where it indicates that AVANZA will limit itself to execute express orders of the Client, therefore the Client will be the only responsible for the investment decisions.
 2. The client acknowledges that the Margin Account involves among others, the following risks: (a) The client may incur losses in excess of the value of the assets in the account. (b) AVANZA Casa de Valores S.A., may apply automatic clearing (by margin event or unilateral decision of the company) (c) AVANZA Casa de Valores S.A., may modify at any time the margin rates and the maintenance rate in the account. (d) After a clearing, the client's asset composition will vary.
 3. The Client also acknowledges that securities loans made to the Company involve the taking of credit, price and liquidity risk of the security that is the subject of the transaction.

Legal Entity Data

Company name:			Tax Identification Number:		
Commercial Name:			Is the applicant or any related party listed on a local or international stock exchange? Yes No Please indicate:		
Commercial Registry or Place of Incorporation and Legalization of Document:		Date of incorporation:	Volume:	Number:	Folio:
Type of Legal Entity:	S.A. Corporation	S.R.L. Limited Liability Company	C.A Corporation		
Other: (Please specify) _____					
Avenue / Street:		Building / House:		Apartment / Apt:	
Postal Address:	City / Jurisdiction:	State / Province:		Country:	
Phone:	Fax:	E-mail:		Website:	
Details of the activities to which it is dedicated:		Do you have commercial relations with any Government Entity? Yes No			
		Detail: _____			
		Years in Business:		Number of Employees:	
Related Companies: _____					
LINKS WITH THE APPLICANT (1st Shareholders Natural Persons, 2nd President, 3rd Legal Representative or Vice President and 4th signatories).					
Type of relationship with the legal entity: Legal Representative: Shareholder: Director: Final Beneficiary: Attorney: Dignitary: Authorized and/or Signatory:					
- Complete additional linking form if required. - In case of shareholders Legal Entity, the client must fill out the form "LEGAL LINKS WITH THE APPLICANT". - Shareholders with more than 10% of the shares and each signatory must fill out the "FINAL BENEFICIARY OR CONTROL PERSON INFORMATION FORM".					
Paternal Surname:		Mother's Last Name:		Married Surname:	
First Name:			Middle Name:		
Date of Birth:		Country of Birth:		Marital Status:	
Nationality:		I . D . No. Passport		Expiration Date:	
Profession:		Occupation:		If Shareholder indicate % of Shares:	
Sex: Female: Male:		Cell Phone:		Email:	
Other Nationality:		Country:		ID / Passport number:	
				Expiration Date:	
Address of Work:					

Type of relationship: Legal Representative:	Shareholders:	Director:	Final Beneficiary:	Attorney:	Officer:	Authorized and/or Signatory:
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Paternal Surname:	Mother's Last Name:	Married Surname:
First Name:	Middle Name:	
Date of Birth:	Country of Birth:	Marital Status:
Nationality:	Cedula No. Passport	Expiration Date:
Profession:	Occupation:	If Shareholder indicate % of Shares:
Sex: Female: Male:	Cell Phone:	Email:
Other Nationality:	Country:	ID / Passport number:
Expiration Date:		

Address of Work:

Type of relationship: Legal Representative:	Shareholders:	Director:	Final Beneficiary:	Attorney:	Officer:	Authorized and/or Signatory:
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Paternal Surname:	Mother's Last Name:	Married Surname:
First Name:	Middle Name:	
Date of Birth:	Country of Birth:	Marital Status:
Nationality:	I.D. No. Passport	Expiration Date:
Profession:	Occupation:	If Shareholder indicate % of Shares:
Sex: Female: Male:	Cell Phone:	Email:
Other Nationality:	Country:	ID / Passport number:
Expiration Date:		

Address of Work:

Type of relationship: Legal Representative:	Shareholders:	Director:	Final Beneficiary:	Attorney:	Officer:	Authorized and/or Signatory:
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Paternal Surname:	Mother's Last Name:	Married Surname:
First Name:	Middle Name:	
Date of Birth:	Country of Birth:	Marital Status:
Nationality:	Cedula No. Passport	Expiration Date:
Profession:	Occupation:	If Shareholder indicate % of Shares:
Sex: Female: Male:	Cell Phone:	Email:
Other Nationality:	Country:	ID / Passport number:
Expiration Date:		

Address of Work:

FINANCIAL PROFILE

Amount of Fixed Income : _____ **Currency: USD** **EURO** **Other** **Indicate:** _____

Frequency of Receipt of Fixed Income: Daily Weekly Biweekly Monthly Bimonthly Other (please specify) _____

Method of Payment: Cash Quasi-cash Check Wire Transfer Other (please specify): _____

Do you receive Variable Income? Yes No If yes, please indicate approximate amount: _____

Frequency of Receipt of Income Variable: Daily Weekly Biweekly Monthly Bimonthly Other (please specify): _____

Method of Payment: Cash Quasi-cash Check Wire Transfer Other (please specify): _____

Country(ies) Source of Income: _____

Amount of monthly administrative expenses: _____ Monthly Operating Expenses Amount: _____ Amount Other Monthly Expenses: _____

INVESTOR PROFILE

Investment Experience None: Limited: Good: Excellent:

Type of previous investments
None: Bonds: Shares: Options: Mutual Funds: Other: Specify: _____

Tolerance to risk
Low: Prefer lower risk exposure which could mean lower profitability, but higher probability of preserving capital.
Average: Willing to assume temporary losses, in order to obtain returns above the level of inflation in the medium term.
High: May take significant losses on certain types of investments in order to achieve higher long-term returns.

Investment Objective:

SECURITY	INCOME	CAPITAL APPRECIATION	SPECULATION
Capital Preservation: (Treasury Notes, Investment Grade Bonds)	High Current Income: (Emerging Bonds, High Yield, Structured Notes, Hedge Funds)	Growth: (Common Stocks, Mutual Funds, ETF's)	

Investment horizon Liquidity (0 to 1 year): Short term (1 to 3 years): Medium term (3 to 7 years): Long term (7 to more):

TRANSACTIONAL PROFILE

Amount of the initial operation: _____ Transfer of Custody of Securities: _____ Transfer of funds via ACH: _____

Transfer International: Other (indicate) _____

Country(ies) Origin of initial operation: _____ ; _____ ; _____ ; _____ ; _____

Banks/Entities/Custodians: _____ ; _____ ; _____

Substantiation of the source of funds _____

Note: The substantiation of the origin of funds must be supported with the corresponding documentation (Art 8, numeral 9, Agreement 6, August 19, 2017. Sole Text).

Products and Services

Shares: _____ Bonds: _____ Options: _____ Mutual Funds: _____ Margin: _____

Custodian: _____ Mixed Portfolio: _____ Other: _____ Specify: _____

EQUITY SITUATION

CURRENT ASSETS (Amount to date):

Cash and/or Banks: _____ No. of Financial Institutions handled: _____ Countries where they are located: _____

Portfolio in other Institutions: _____ No. of Financial Institutions handled: _____ Countries where they are located: _____

CURRENT LIABILITIES (Amount to date):

Accounts payable to suppliers: _____ Describe: _____

Accounts payable Financial Institutions: _____ Describe: _____

PATRIMONY (to date): _____

References

Bank / Institution: _____ Country: _____

Account Type: Savings: _____ Checking: _____ Time of Relationship: _____

Bank / Institution: _____ Country: _____

Account Type: Savings: _____ Checking: _____ Time of Relationship: _____



Account No: _____ (to be filled in by the Entity)

Signature: Individual Joint

"Entity Regulated and Supervised by the Superintendence of the Securities Market under resolution No. 75-08.17 of March 2008"
"License to operate as a Securities Brokerage Firm".

ADDITIONAL INFORMATION

Are you or any of the legal representatives, attorneys-in-fact, directors, shareholders, beneficial owners or authorized persons currently or have you ever held any of the following functions or public office, military, Head of State or Government, high level politician, government or judicial official inside or outside the country in the last 10 years?

No Yes In case of answering Yes, please indicate: Name and Surname: _____
Position and Entity: _____ Country: _____ Date: _____

Are you or any of the legal representatives, attorneys-in-fact, directors, shareholders, beneficial owners or authorized persons or spouse related or are you or any of them related in the first or second degree of consanguinity or affinity to any official who holds or has held public, military, Heads of State or Government, high-level politicians, governmental or judicial functions or positions within or outside the country within the last 10 years?

No Yes In case of answering Yes, please indicate: Name and Surname: _____
Position and Entity: _____ Country: _____ Date: _____

Other Information

Are you or any of the legal representatives, attorneys-in-fact, directors, shareholders, owners, beneficial owners or authorized persons an employee or a member of your immediate family? or second degree of consanguinity or affinity of an employee of AVANZA Casa de Valores S.A., or a Securities Brokerage House or Intermediary, Broker, Agent, Brokerage Firm, or other local or foreign financial entity?

No Yes If yes, please indicate first and last name: _____ Relationship: _____

Have you been or are you related or are you related in the first or second degree of consanguinity or affinity to a natural or legal person sanctioned by OFAC or other law?

No Yes If yes, please indicate: First and Last Names: _____ Relationship: _____

CORRESPONDENCE AND COMMUNICATIONS

Select how you would like to receive your account statements:	Select the method by which you would like to receive your statements:
Monthly Quarterly Seminannual	P.O. Box: _____ Agency Withholding* E-mail: _____

Please indicate if you agree to send instructions or receive confirmations by the following means: Fax E-mail P.O. Box

Instructions for electronic means: _____

I hereby authorize and request AVANZA CASA DE VALORES S.A.; to receive and execute the instructions given by telephone, facsimile or other analogous electronic means of communication (collectively electronic communications) from any person duly authorized by me. I acknowledge and agree that AVANZA CASA DE VALORES S.A.; nor its respective employees shall be liable for any errors, delays, damages, claims or losses related to any request made through electronic communications and that they may disregard any instructions through electronic communications at their discretion, unless such instructions are given in writing.

Any notice or other communications established or provided for in this contract shall be in writing, and shall be considered as given, when received by AVANZA CASA DE VALORES S.A., at its address provided in the securities custody and administration contract, and for THE Client when sent to it by air mail or delivered directly to the address indicated in the securities custody, opening application and administration contract.

*This service may be subject to additional costs.

AFFIDAVIT

I hereby declare under oath that: a) the money, capital, assets, securities or securities used in the business conducted with AVANZA CASA DE VALORES S.A., have licit origin and in particular, do not come from any activity related to the cultivation, manufacture, storage, transport or illicit traffic of narcotic or psychotropic substances or appropriation, distraction or other illicit activities with public property, or have any direct or indirect relation with money, capitals, goods, assets, securities and titles product of illicit activities, as well as do not come from any crime foreseen in any current criminal law and b) that the information contained in this document is true.

By my signature on this application I agree to all terms and conditions and/or the brokerage account agreement applicable to the products and/or services I require or may require in the future, which I can see in the documents provided to me at the time of establishing the financial relationship. Any transaction I make with respect to such products and/or services shall be construed as my acceptance of such terms and conditions.

I also authorize AVANZA CASA DE VALORES S.A. to verify the information provided herein and contained in this application.

_____	_____	_____
Name of Holder	Name and Signature of Authorized Person or Legal Representative	Date

FOR USE OF AVANZA CASA DE VALORES S.A.

Name and Signature of Securities Broker: _____	Date: _____
Name and Signature of Chief Executive: _____	Date: _____
Name and Signature of Compliance Officer: _____	Date: _____

