

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

BENEFICIAL OWNER OR CONTROL PERSON INFORMATION FORM

Instructions:

- If you are a Shareholder or Beneficial Owner and/or Controlling Person of a Legal Entity operating company, you must fill out this form except for the Investor Profile section, since this section corresponds to the company's own profile in the development of its economic activity.
- If you are a Shareholder or Beneficial Owner and/or Controlling Person of a PATRIMONIAL legal entity, i.e. without operations, you must fill out this form completely, since the applicant company does not carry out any economic activity, so the Financial and Investor Profile of its related parties and authorized persons will be taken into account.
- If the applicant is a TRUSTEE, this form must be filled out completely by the Final Beneficiary of the contract.
- If the applicant is a FOUNDATION, this form must be filled out completely by the PROTECTOR (if applicable), FOUNDER (if a natural person), MEMBERS OF THE FOUNDATION COUNCIL (natural person) and FINAL BENEFICIARIES OF THE FOUNDATION.

NOTE: If the above links involve Legal Entities, they must complete the form LEGAL LINKS WITH THE APPLICANT.

Type of relationship:	Customer with own account:	Shareholder with more than 10% of the shares:	Final Beneficiary:
Trustor: <input type="checkbox"/>	Founder: <input type="checkbox"/>	Protector: <input type="checkbox"/>	Others: (Natural person practicing control or significant influence over the company or who has rights or benefits equivalent to those that would be conferred by a 10% shareholding in the company).

Account Name

GENERAL DATA RELATED PERSON

Paternal Surname:		Mother's Last Name:		Married Surname:	
First Name:			Middle Name:		
Marital Status:		Place of Birth:		Sex: <input type="radio"/> M <input type="radio"/> F	
Date of Birth:	Occupation:	Academic Level:	Occupation:		
Nationality 1:	ID / Passport number:	Expiration Date:			
Nationality 2:	ID / Passport number:	Expiration Date:			
Nationality 3:	ID / Passport number:	Expiration Date:			

Address Address

Avenue / Street:		Building / House:		Apartment / Apt:	
City / County:		State / Province:		Postal Address:	
Country:	Residential Telephone:	Cellular:	Email:		

EMPLOYMENT AND SOCIOECONOMIC DATA RELATED PERSON

Salaried employees

Company where he works:		Activity of the Company:			
Company Address: Avenue / Street:		Building / House / Premises / Warehouse:			
Floor / Office no:		City / County:		State / Province:	
Postal Address:	Country:	Office Telephones:		Email:	
Position held:		Seniority:	Do you have commercial relations with any Government Entity? Yes <input type="radio"/> No <input type="radio"/>		
		Detail:			

Independent

Type of Commercial or Professional Activity:		Seniority:	Do you have commercial relations with any Government Entity? Yes <input type="radio"/> No <input type="radio"/>		
		Detail:			
Address where the activity takes place: Avenue / Street:		Building / House / Premises / Warehouse:			
Floor / Office or Premises No:		City / County:		State / Province:	
Postal Address:	Country:	Office Telephones:		Email:	

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FINANCIAL PROFILE RELATED PERSON

Amount of Fixed Income (according to frequency indicated): Currency: USD Euro Other Mention: _____

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): _____

Monthly Expenditures: Currency: USD Euro Other Mention: _____

INVESTOR PROFILE RELATED PERSON

NOTE: this section should not be completed if the applicant legal entity is operational and has Financial Statements; otherwise, i.e., TRUSTEESHIP, FOUNDATION AND PATRIMONIAL MANAGEMENT please complete the following information regarding the person signing this form

Investment Experience None: Limited: Good: Excellent:

Type of previous investments

None: Bonds: Shares: Options: Mutual Funds: Other: Specify: _____

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

References

Bank / Institution: _____ Country: _____

Account Type: Savings Current: Relationship Time: _____

Bank / Institution: _____ Country: _____

Account Type: Savings Current: Relationship Time: _____

ADDITIONAL INFORMATION

Are you currently or have you ever held public, military, Head of State or Government, high-level political, governmental or judicial functions or positions within or out of the country during the last 10 years?

No Yes Position: _____

Entity: _____ Country: _____ Date: ____/____/____

Are you or your spouse related or are you related in the first or second degree of consanguinity or affinity to any official who holds or has held public functions or positions, military, Heads of State or Government, high level politicians, government or judicial officials inside or outside the country?

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

Position: _____ Country: _____ Date: ____/____/____

Other Information

You or any of your legal representatives, attorneys-in-fact, directors, shareholders, owners, beneficial owners, or authorized persons are 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 Names: _____ 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 you answer Yes, please indicate: Name and Surname: _____ Relationship: _____

First and Last Names: _____ Relationship: _____

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 signing this application, I accept all the terms and conditions and/or the stock brokerage account agreement applicable to the products and/or services that I require or may require in the future, which I can observe in the documents that were provided to me at the moment 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 data provided herein and contained in this application

Name and Surname _____ Customer's signature _____ Date _____

FOR USE OF AVANZA CASA DE VALORES S.A.

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

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Additional Information

Current Annual Revenues:	Revenues 2 years ago:	Source and Proportion of Income
Between 0.00 of 25,000.00	Between 0.00 of 25,000.00	_____ %Salary / Income Occupation
Between 25,001.00 to 50,000.00	Between 25,001.00 to 50,000.00	_____ %Variable Income
Between \$50,001.00 and \$100,000.00	Between \$50,001.00 and \$100,000.00	_____ %Rentals
Between 100,001.00 and 250,000.00	Between 100,001.00 and 250,000.00	_____ % Investments
Between \$250,001.00 and \$500,000.00	Between \$250,001.00 and \$500,000.00	_____ %Other. Specify _____
Between 500,001.00 and 1,000,000.00	Between 500,001.00 and 1,000,000.00	_____ = 100%
More than 1,000,000.00	More than 1,000,000.00	
		Ratio of Liquid Assets
		_____ %Market Instruments
		_____ %Banking
		_____ Other. Specify _____
		_____ = 100%
Current Annual Net Assets:	Liquid Assets 2 years ago:	
Between 0.00 of 25,000.00	Between 0.00 of 25,000.00	
Between 25,001.00 to 50,000.00	Between 25,001.00 to 50,000.00	
Between \$50,001.00 and \$100,000.00	Between \$50,001.00 and \$100,000.00	
Between 100,001.00 and 250,000.00	Between 100,001.00 and 250,000.00	
Between \$250,001.00 and \$500,000.00	Between \$250,001.00 and \$500,000.00	
Between 500,001.00 and 1,000,000.00	Between 500,001.00 and 1,000,000.00	
More than 1,000,000.00	More than 1,000,000.00	

Equity:	Structure of its Equity:
Between 0.00 of 25,000.00	_____ % Fixed Assets. Specify _____
Between 25,001.00 to 50,000.00	_____ % Liquid Assets. Specify _____
Between \$50,001.00 and \$100,000.00	_____ % Expenses or Liabilities. Specify = _____
Between 100,001.00 and 250,000.00	_____ 100%.
Between \$250,001.00 and \$500,000.00	
Between 500,001.00 and 1,000,000.00	
More than 1,000,000.00	
	Has your net worth changed in the last 2 years? YES NO
	If yes, please indicate the reason: _____
	Proportion _____ %

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 and Surname	Customer's signature	Date