

(All the Fields are Required Unless they present an \*)

## Property's Information

Cadastral Designation: \_\_\_\_\_

Client's Code: \_\_\_\_\_ Property's Address (Area and Villa Number): \_\_\_\_\_

## Basic Information

Business Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Tax Identification Number (RNC or other): \_\_\_\_\_ Incorporation Date: \_\_\_\_\_

Commercial Registry No. Or its equivalents: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Company's Legal Address

Legal Office address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number (2)\* \_\_\_\_\_ e-mail: \_\_\_\_\_

## Main Address (If it differs from Legal Address)

Main Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number (2)\* \_\_\_\_\_ e-mail: \_\_\_\_\_

## Legal Representative Information / Legal Proxy or Guardian / Authorized Signature

Indicate the person completing the form:

Legal Representative  Legal Guardian  Authorized Signature

Full Name: \_\_\_\_\_ Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Type of identification:  ID Card  Passport No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

## Identification of Main Officers / Directors

Full Name	Identification Type	Identification Number	Charge/Function
	<input type="checkbox"/> ID Card <input type="checkbox"/> Passport		
	<input type="checkbox"/> ID Card <input type="checkbox"/> Passport		
	<input type="checkbox"/> ID Card <input type="checkbox"/> Passport		

## Identification of the Final Beneficiary

Identification of shareholders that have directly or indirectly available 20% or more of the share capital, contribution or participation.

Full Name or Company Name	Type of Identification			Identification Number	Shareholding Share (%)
	<input type="checkbox"/> ID Card	<input type="checkbox"/> Passport. Indicate Country: _____	<input type="checkbox"/> RNC		
	<input type="checkbox"/> ID Card	<input type="checkbox"/> Passport. Indicate Country: _____	<input type="checkbox"/> RNC		
	<input type="checkbox"/> ID Card	<input type="checkbox"/> Passport. Indicate Country: _____	<input type="checkbox"/> RNC		

## Required Documentation

- Copy of the Mercantile or Commercial Register
- Statutes of the Company
- Assembly Minutes where the Representatives are appointed
- Assembly Minutes where the Representatives are appointed
- List of Shareholders with their Shareholding Composition

\*\* Please send the required documentation directly to the Compliance Officer to the following Email: [cumplimiento@costasur.com.do](mailto:cumplimiento@costasur.com.do)

In accordance with the provisions of Law 155-17 against Money Laundering and Financing of Terrorism, I \_\_\_\_\_ affirm that all the information I have stated on this form is true and I give COSTASUR DOMINICANA, SA freedom to check, for any medium, the veracity of them. With the signature of this form, I grant a formal release to COSTASUR DOMINICANA, S. A. for any disclosure of the information provided in this form, including personal data, to the competent authorities.

COSTASUR DOMINICANA, S. A. reserves the right to request information and additional documents in order to comply with the money laundering prevention laws of which it is a mandatory party. In case the applicant does not provide the required information or documents, we reserve the right to carry out the sale of the property.

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Name of the Legal Representative /  
Legal Proxy/ Authorized Signature

\_\_\_\_\_  
Name of the Sales Representative

\_\_\_\_\_  
Signature of the Legal Representative /  
Legal Proxy/ Authorized Signature

\_\_\_\_\_  
Signature of the Sales Representative

To be completed by COSTASUR DOMINICANA, S. A.

Comments / Observations: \_\_\_\_\_

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