

(All the fields are required unless they are marked *)

General Information

Business Name: _____ Trade Name: _____

Tax Identification Number (RNC or other): _____ Incorporation Date: _____

Commercial Registry No. or its equivalent: _____ Expiration Date: _____

Company's Legal Address

Legal Office address: _____

City: _____ State: _____ Country: _____

Phone Number: _____ Phone Number (2) * _____ Phone Number (3) * _____

E-mail: _____

Main Address (If it differs from Legal Address)

Main Office Address: _____

City: _____ State: _____ Country: _____

Phone Number: _____ Phone Number (2) * _____ Phone Number (3) * _____

E-mail: _____

Economic Activity Information

Sector:

Commercial Financial Industrial Services Other _____

Economic Activity:

Agricultural Food Real State Cements Construction

Education Pharmaceutical Computer Petroleum Health

Telecommunications Textiles Transportation Tourism

Other _____

Financial Information

Sales Volume (Annual Revenue):

Less or Equal to USD 1,000,000 Between USD 1,000,001 -7,500,000 Greater than USD 7,500,000

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: _____ State: _____ Country: _____

Identification of Main Officers / Directors

| Full Name | Identification Type | | Identification Number | Position/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 | | |

Other Information

Does the Company own other property in Casa de Campo? Yes No

If yes, indicate: Property (Area and Villa number): _____ Year of purchase: _____

References

| Personal References | |
|---------------------|--------------|
| Full Name | Phone Number |
| | |
| | |

| Financial References | | |
|----------------------|----------------|-----------|
| Institution's Name | Contact Person | Phone No. |
| | | |
| | | |

Required Documentation

- Copy of the Mercantile or Commercial Register
- Statutes of the Company
- Assembly Minutes where the Representatives are appointed
- Assembly Minutes with the Purchase Authorization
- Copy of RNC
- 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

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, through any means, 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 Compliance Officer

Signature of the Legal Representative /
Legal Proxy/ Authorized Signature

Signature of the Compliance Officer

To be completed by COSTASUR DOMINICANA, S. A.

Amount of the Investment:

- Less or Equal to USD 1,000,000 Between USD 1,000,001 and 5,000,000 Greater or Equal to USD 5,000,001

Client's Contact Route:

- Face-to-Face Non-Face-to-Face

Client's Seniority:

- New Client (Less than 1 year) Between 1 Year – 10 Years More than 10 Years

Comments / Observations: _____
