



# Property Purchase Request Form Corporations

(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](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, 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  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:** \_\_\_\_\_