

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

Information about the Property

Cadastral Designation: _____

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

Personal Information

Name(s): _____ Surname(s): _____

Type of Identification: ID Card Passport No.: _____ Expiration Date: _____

Marital status: Single Married Divorced Widowed. Place of Birth: _____

Nationality: _____ Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Other Contact No.*: _____ E-Mail: _____

Country of Residence: _____ City: _____ Province: _____

Residence Address: _____

Work Information

Profession*: _____ Occupation: _____ Country of Work: _____

Private Employee; Company's Name: _____ Public Employee; Entity's name: _____

Self-employed professional Retired Other Indicate: _____

Workplace's Address: _____

City: _____ Province: _____ Office Phone Number: _____

Spouse Information (If Applicable)

Name(s): _____ Surname(s): _____

Nationality: _____ Place of Birth: _____ Country of Residency: _____

Identification Type ID Card Passport No.: _____ Expiration date: _____

Home Phone _____ Cell Phone: _____ E-Mail: _____

Identification of the Person Politically Exposed (PPE)

| I declare, guarantee and represent under the faith of oath the following information: | Yes | No |
|--|-----|----|
| 1. In the last three (3) years I or one of my relatives, we have occupied some of the functions or charges listed below (If the answer is NO, please disregard the next questions). | | |
| 2. I submit an affidavit as a public official. | | |
| 3. I hold or held a public office by popular election, if affirmative identify: Charge or position: _____ Period of Performance: from _____ to: _____ or <input type="checkbox"/> Current | | |
| 4. I maintain an employment relationship with state organizations or entities, Armed Forces or the National Police occupying a position of management or direction. Charge: _____ | | |
| 5. I am part of the governing body of a Political Party. | | |
| 6. I am related by kinship by consanguinity (parents, siblings, grandparents and grandchildren) or by affinity (spouse, political parents and spouse of the daughter or son) up to the second degree with a person who meets the characteristics listed above: | | |
| If yes, detail the following for each identified relative: Consanguinity or Affinity (of those mentioned above): _____ Name of the official: _____ Charge or position of the Official: _____ Period of Performance: from _____ to: _____ or <input type="checkbox"/> Current | | |

DOCUMENTACIÓN REQUERIDA

- Identification Document’s Copy
- Copy of the Spouse Identification Document (If applicable)

** 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, 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.



Information Update Form
Individual Person

Date (DD/MM/YYYY)

Signature of the Physical Person

Name of the Compliance Officer

Signature of the Compliance Officer

To be completed by COSTASUR DOMINICANA, S. A.

Comments / Observations: _____
