

(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) * _____ Phone Number (3) * _____

E-mail: _____

Main Address (If it differs from Legal Address)

Main Office address: _____

City: _____ Province: _____ Country: _____

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

E-mail: _____

Legal Representative Information / Legal Proxy or Guardian / Authorized Signature

Indicate the person completing the form:

Legal Representative Legal Proxy or 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

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
Corporations

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: _____
