

Fields marked with an asterisk (*) are mandatory.

1. TYPE OF APPLICATION * (Mark with an X)

Registration: <input type="checkbox"/>	Renewal <input type="checkbox"/>	Updating or Modification: <input type="checkbox"/>
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2. TYPE OF RECORD * (Mark with X)

Light Registration: <input type="checkbox"/>	Integral Registration: <input type="checkbox"/>
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3. TYPE OF RELATIONSHIP * (MARK WITH X)

Customer	Supplier	Ally/Cooperator	Asset Buyer	Asset Salesperson	Associate	Recipient Donation and/or Sponsorships
<input type="checkbox"/>						

4. TRACK RECORD WITH ISA AND ITS COMPANIES * (MARK WITH X)

Yes <input type="checkbox"/>	No: <input type="checkbox"/>
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5. ONLY FOR NATURAL PERSONS

Full name:
Type of Document:
Identification Number:
Country of issue Document:
Profession or trade:
Address:
Telephone numbers:
Municipality:
Department / Province:
Country:
E-mail
Web site:
Politically Exposed Person (PEP) Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Position:
Date of Linkage:
Date of Disengagement:

6. JUST FOR LEGAL ENTITIES

Company name:
Type of Document:
Identification Number:

7. TYPES OF CAPITAL

Public: <input type="checkbox"/>	Private: <input type="checkbox"/>	Mixed: <input type="checkbox"/>
Is your company subject to government regulation for the prevention and control of money laundering and terrorist financing (ML/FT) risk, and/or implementation of a transparency and business ethics program (PTEE)?		
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Non-Profit Company <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is the company listed on the stock market? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If yes, please specify the stock exchange:		
Consortium Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Joint Venture Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

If the above answer is affirmative, we request confirmation of the data of the companies that make up the consortium or joint venture:

Name/Corporate Name	Identification Number:	% Participation

8. LEGAL REPRESENTATIVE'S INFORMATION (ONLY FOR LEGAL ENTITY)

First and Last Names:		
Type of ID	Identification number	e mail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone number:		
Politically Exposed Person (PEP): Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Position:	
Date of Linkage:	Date of Disengagement:	

9. TYPE OF ACTIVITY

Code_	Main Economic Activity:
<input type="checkbox"/>	<input type="checkbox"/>

10. INFORMATION CONCERNING THE SHAREHOLDERS - FOUNDERS

Provide information regarding the shareholders and/or founders of the company with more than 5% participation * If you have more than 5 third parties to report, you must attach them to the process in a letter signed by the legal representative. The information must be detailed up to the level that allows you to identify the beneficial owner natural person.

Name or Company Name	Type of Document	Identity Card	%Participation	Final Beneficiary	Politically Exposed Person (PEP)	Position	Date of linkage	Date of Separation	Country of Residence
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				

***11. MEMBERS OF THE BOARD OF DIRECTORS OR SIMILAR CORPORATE BODY ***

If you have more than 5 third parties to report, you must attach them to the process in a letter signed by the legal representative. It must be detailed up to the level that allows identifying the final beneficiary natural person."

Name or Company Name	Type of document:	DNI:	Politically Exposed Person (PEP)	Position:	Date of linkage	Date of Separation	Phone	Nationality
			Yes <input type="checkbox"/> No <input type="checkbox"/>					
			Yes <input type="checkbox"/> No <input type="checkbox"/>					
			Yes <input type="checkbox"/> No <input type="checkbox"/>					
			Yes <input type="checkbox"/> No <input type="checkbox"/>					
			Yes <input type="checkbox"/> No <input type="checkbox"/>					

12. COMMERCIAL CONTACT INFORMATION*

First and Last Names:

Phone:	Cellphone:	E-mail

13. CONTACT DATA FOR ARIBA *

The legal representative or attorney-in-fact of the tenderer, empowered to bind it under the terms of the commercial law, shall report an e-mail box with the express statement of recognizing it as its only valid source of legally binding electronic information. To allow the interaction of the Supplier, the ARIBA information system will send a user key and password to the reported e-mail box. It will be understood that the data messages that come exclusively from the user code and password assigned by the ARIBA information system to the tenderer enjoy authenticity and therefore, legally bind the latter.

The documents attached to the data messages sent by the bidder through the ARIBA information system, with a scanned handwritten signature of its legal representative or whoever has the power to bind it, are understood to be electronically signed in original and, consequently, constitute a valid manifestation of its will.

It is essential to correctly complete the contact information for ARIBA, as only the contacts included in the form will remain active. Consequently, if a contact was previously registered but is not included in the new form, it will be considered inactive.

Name and Surname Authorized Person	E-Mail

14. FINANCIAL INFORMATION * (THIS FIELD IS REQUIRED FOR THE REGISTRATION OF LEGAL ENTITIES REGARDLESS OF THE TYPE OF REGISTRATION BEING MADE. (THIS FIELD IS REQUIRED FOR THE REGISTRATION OF LEGAL ENTITIES REGARDLESS OF THE TYPE OF REGISTRATION BEING CARRIED OUT (LIGHT OR INTEGRAL).

Describe the economic activity from which most of the income is derived.

Total Assets (Last balance sheet)	Equity (Last balance sheet)	Operating Income (last balance sheet)
Do you carry out transactions in foreign currency? Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	BANK:
Average operations per year (US\$)	Account number:	
Countries in which it carries out these operations:		

15. BANK REFERENCES *

Entity	Product

Industry	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Others:
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17. DECLARATION OF ORIGIN OF FUNDS *

Me, identified with identity document number issued in acting on its own

behalf and/or on behalf of declare that:

- The resources with which this company was constituted do not come from any illicit activity of those contemplated in the legislation of the country in which THE COMPANY is domiciled.
- The resources I manage come from the following sources (detail the origin)

I will not allow third parties to make deposits to my accounts with funds from illicit activities contemplated in the Colombian Criminal Code, in the regulations of the United States of America or in the legislation of the country in which the company is documented, nor will I carry out transactions to such activities from or in favor of persons related to such activities.

18. AUTHORIZATIONS AND SPECIAL DECLARATIONS

In accordance with the provisions of the current law on personal data protection, the rules that regulate, complement, and/or modify it, I voluntarily, previously, expressly, informed and unequivocally authorize ISA and its companies, as well as its contractor PAR SERVICIOS INTEGRALES S.A. to collect and process the personal data that I provide truthfully and completely in my capacity as legal representative and owner of the information, which will be used for the different aspects related to the Supplier Management and Contracting Management service.

Likewise, I declare that: (i) I have the necessary authorizations to deliver the data of the natural persons of the company I represent, for its collection and processing, (ii) I know that the collection and processing of the data will be carried out in accordance with the Personal Data Processing Policy published on the website of ISA and its companies (iii) by virtue of this authorization may be processed, collected, stored, used, circulated, suppressed, shared, updated, transmitted and/or transferred to third countries, including sensitive data, in accordance with the terms and conditions of the aforementioned Policies. According to the procedure for the processing of personal data may be used for the purposes described therein, among which are:

- Consult and verify such information in national or international information centers and/or databases.
- To consult and verify the information corresponding to the legal representatives, members of the board of directors, shareholders and final beneficiaries of the legal entity I represent, in order to prevent any type of activity related to Money Laundering, Financing of Terrorism, Fraud, bribery and/or corruption.
- To transfer or transmit the data to the companies of ISA and the Ecopetrol Business Group, inside and outside Colombia.
- To carry out activities associated with the commercial relationship with ISA and its companies and/or third parties that contract with them.

Under the terms of the applicable law, I declare that I was informed of the rights I have, especially to know, update and rectify the information, revoke the authorization and request the deletion of the data, which may be exercised through the various channels of care, which has provided ISA and its companies as responsible and PAR SERVICIOS INTEGRALES S.A. as responsible for the processing of data.

GENERAL STATEMENTS

I declare under oath that:

The members of the Board of Directors, Partners, Final Beneficiaries, Legal Representatives of the entity I represent are not immersed in any of the disqualifications and incompatibilities legally established for state contracting.

The entity I represent, its members of the Board of Directors or Board of Partners, shareholders or partners with a participation of more than five percent (5%), its beneficial owners, its Legal Representatives, and the undersigned, are not included in the OFAC (Clinton) and UN lists and in any of the lists established locally or internationally for the control of money laundering and financing of terrorism; for which I authorize the verification of this situation before any natural or legal, private or public person, from now on and for as long as any commercial relationship is maintained with ISA and its companies in its capacity as contractor.

3. The information provided and attached to this form is true and I acknowledge that any omission or inaccuracy in these documents may result in the rejection of this application and the return of the documentation, as well as the cancellation of the registration.

4. We will comply with the obligation to update the data contained in this form at least once a year, when there is any change in it or when expressly requested by ISA and its companies, according to the times determined in the registration guide.

In acknowledgment of having read, understood and accepted the above, I sign this application for affiliation as a THIRD PARTY. The information provided herein corresponds to reality and may be verified by any other means.

SIGNATURE OF LEGAL REPRESENTATIVE OR REGISTRANT

Name of the Legal Representative or registrant:

Type of identification: Identification number: Date of filling out: