

REGISTRATION FORM



Fields marked with an asterisk (*) are required

1. TYPE OF APPLICATION * (mark with X)

REGISTRATION <input type="checkbox"/>	RENOVATION <input type="checkbox"/>	UPDATE OR MODIFICATION <input type="checkbox"/>
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1. TYPE OF REQUEST * (mark with X)

Light Registry <input type="checkbox"/>	Integral Registry <input type="checkbox"/>
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2. TO LEGAL PERSONS

Business Name*
T.I.N. or TAX ID *

3. TO NATURAL PERSONS

First Surname *	Second Surname	Names *	
ID Type	Country of Dispatch Document	Number *	Profession or trade*

4. TO NATURAL OR LEGAL PERSONS

DOMICILE	Address *		Phone *
	State *	Country *	FAX
	Email		WEB Page
Legal representation information (Legal Person)	Name and Surname*		
	Email *	Phone *	Mobile
	Name and Surname *		
Commercial contact information (Legal Person)	Name and Surname *		
	Email *	Phone *	Mobile
	Name and Surname *		
ARIBA INFORMATION CONTACT *	<p>The legal representative or proxy of the proponent, empowered to enforce it under the terms of commercial law, must report an email box with the express declaration of acknowledging it as their only valid source of legally binding electronic information. In order to allow Supplier interaction, the ARIBA information system will send a user and password to the reported email inbox. It will be understood that the data messages that come exclusively from the user and password assigned by the ARIBA information system to the proponent, are authentic and therefore, legally linked to it. The documents attached to the data messages sent by the proponent through the ARIBA information system, with a handwritten signature scanned by its legal representative or who has the power to compel it, are understood to be electronically signed originally and, consequently, constitute a valid statement of his will.</p> <p><i>If, upon entering the tool, the proponent modifies the email inbox registered on this form, it will be understood that it comes from who is empowered to represent it in the terms of commercial law and therefore the communications that are made by this mail will be legally binding.</i></p>		
	Name and Forenames *		Email *

CAPITAL COMPOSITION *	Public <input type="checkbox"/>	If you are monitored by state boy indicate which		
	Private <input type="checkbox"/>	Mixed <input type="checkbox"/>		
TYPE OF ACTIVITY *	INDUSTRIAL	COMERCIAL	FINANCIAL	OTHER (INDICATE)
SHAREHOLDERS INFORMATION	Provide detailed information of the composition of the company corresponding to the shareholders or partners with participation of more than 5% * If you have more than 5 shareholders to report, you must attach them to the process in a letter signed by the legal representative. *			
	Business Name	ID Type	ID number	

PRINCIPALS STATUTORY AUDITORS AND SUBSTITUTES INFORMATION					
Do you have statutory auditor? * Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name or Business Name	ID Number / T.I.N.	Statutory name (principal or substitute)	ID Number (statutory auditor and substitute)	Professional Card	Phone
BOARD MEMBER OR CORPORATE ORGANIS					
Name or Business Name	ID Type	ID Number / T.I.N.	Phone	City	

5. FINANCIAL INFORMATION		
(This field is necessary for legal entities registration regardless the type of registration that you are making LIGHT or INTEGRAL)		
Describe the economic activity from which most of the income comes *		
Total Assets (Last Balance) *	Asset (Last Balance) *	Operational Income (Last Balance) *
Do you do operations in foreign currency? Yes <input type="checkbox"/> No <input type="checkbox"/>		BANK
Average operations per year (US\$)		ID ACCOUNT
Countries where the company has operation		
Bank References *	Banking Institution	Product
	Banking Institution	Product

6. Patents Information			
ID Patent	Place where the patent is	Validity	Patent description

7. TECHNICAL PUBLICATIONS (Last 5 years)		
Article Name	Publishing medium	Publication Date

8. PROFESSIONALS LINKED WITH MASTERY AND / OR DOCTORATE Just apply to electric energy technical skills.				
Name and Forename	ID Type	ID Number	Qualification obtained	Institution where the title was obtained

9. LINKS						
In the field TYPE OF LINK, write if it is: Branch - Representative / Rep. Legal - Commercial Agent - Authorized Distributor NOTE: If you are a supplier not based in Colombia, diligence the information for the Colombian territory. If you are a supplier based in Colombia, fill out the information if you are an authorized distributor or commercial agent of a foreign company.						
Link Type	Name and Forename	Business Name	Country	City	Phone	Email

10. RELATIONSHIP CONTRACTS				
Contracts Information	Contact Name			
	Contract Number	Start Date	End Date	Percentage of ownership
	Associate the activities codes in which want to classify according to the document			
CONTRACTING CONTACT INFORMATION (To commercial relationship)	Name and Forename*			
	Email*	Mobile*	Mobile	
ACTIVITIES DEVELOPED IN THE CONTRACT	ACTIVITI CODE *	ACTIVITY VALUE ASSIGNED (PESOS)*	ADICIONAL ACTIVITY VALUE (PESOS) (In case there is addition)	MEASUREMENT PARAMETERS

11. ORIGIN FUNDS DECLARATION

I*, _____ identified whit ID number _____ * issued in _____ acting in its own name or in representation of manifest that everything here consigned is true. Also, I made the declaration of origin, origin and legitimate destination of funds to ISA and its subsidiaries with the purpose of contributing to the prevention and control of Money Laundering and Financing of Terrorism.

1. I declare that the resources with which this company was incorporated do not come from any illegal activity of those contemplated in the Colombian Penal Code.
2. The resources I manage come from the following source (detail the origin) *: _____
3. I will not accept that third parties make deposits on my accounts with funds from illicit activities contemplated in the Colombian Penal Code or in any rule that modifies or adds them, nor will make transactions to such activities of or in favor of persons related to them.

12. AUTHORIZATIONS AND GENERAL DECLARATION

Within the terms of the Statutory Law of Habeas Data, and its regulatory decrees, I authorize ISA and its subsidiaries, and its contractor SERVICIOS INTEGRALES SA, in my capacity as legal representative of the legal entity that I represent and as the owner of the information that here it rests or that could be collected by said companies, to consult and verify said information in information centers and / or Colombian national databases, foreign or international. Likewise, and previously authorized by the holders of the information, I authorize said companies to consult and verify the information corresponding to the legal representatives, fiscal reviewers, members of the board of directors and shareholders of the legal entity that I represent. The foregoing, in order to prevent any type of activity related to the Laundering of Assets or Financing of Terrorism.

Declare I will comply with the obligation to update the data contained in this format at least once a year, when there is a change in it or when expressly requested by ISA and its subsidiaries.

Under the seriousness of the oath, it is clear that the information recorded here as well as the respective annexes, is true and verifiable; as a natural person, I am not included, and the legal entity that I represent, its legal representatives, its fiscal auditor, the members of the board of directors, its shareholders or partners, are not included in any of the lists established locally or International for the control of Money Laundering and Financing of Terrorism, for this reason I authorize the verification of this situation before any natural or legal person, private or public, from now on and for the time that a commercial relationship with ISA and its subsidiaries is maintained. in my capacity as THIRD PARTY.

In proof of having read, understood and accepted the above, I sign the present application for relationship as a THIRD PARTY. The information provided here corresponds to reality and can be verified by any other means.

13. AUTORIZACIONES Y DECLARACIONES ESPECIALES

Has declared at date I am not involved in any of the disabilities and incompatibilities legally stipulated for state contracting.

I declare the information included and attached in this form is true and I admit that any omission or inaccuracy in these documents may cause the rejection of this application and the return of the documentation, as well as the cancellation of my registration. I agree to update the information listed here in the times specified in the registration guide.

Within the terms of the Statutory Law of Habeas Data, and its regulatory decrees, I declare as the owner of the information that rests here or that could be collected by ISA AND ITS AFFILIATES AND PAR SERVICIOS INTEGRALES SA, which authorized these companies to consult and verify the information in information centers and / or Colombian national databases, foreign or international, as a natural person or the corresponding to the legal entity that I represent, its legal representatives, tax reviewers, members of the board of directors and partners.

Under the seriousness of the oath, it is clear that the information recorded here as well as the respective annexes, is true and verifiable; that as a natural person, I am not included, and that the legal entity that I represent, its legal representatives, its fiscal auditor, the members of the board of directors, its shareholders or partners, we are not included in any of the lists established locally or International for the control of Money Laundering and Financing of Terrorism, for which I authorize the verification of this situation before any natural or legal person, private or public, from now on and for the time that a commercial relationship with ISA AND ITS AFFILIATES is maintained.

Likewise, I expressly authorize ISA AND ITS SUBSIDIARIES AND PAR SERVICIOS INTEGRALES SA so that within the established legal terms, I can store and manage the data provided, which will be used for any associated process within the Supplier Management Service. Y PAR SERVICIOS INTEGRALES SA and the supplier management and contracting processes of ISA AND ITS AFFILIATES

The information provided by the supplier can be used for the followings purposes:

- a). Transfer or transmit the information to the parent companies, affiliates, subsidiaries, controlled by ISA, in and out of Colombian territory.
- b). Develop the recruitment process of the ISA companies (head office and subsidiaries)
- c). Carry out activities associated with the commercial relationship with the companies of the ISA group or third parties that contract with them.
- d). Get to know, transfer and / or transmit the information provided in and out of the territory to any ISA companies or to third parties as a consequence of the contract, buy the law or the any other legal relationship that requires it, or to third parties develop information systems services, associated or not to the ISA group business companies, for the supplier grants express and unequivocal authorization.

I note have reed and understood the last declaration as well as the registration guide, the terms and conditions of the supplier registration and all documents associated with the suppliers' information system registry of ISA's and its **SUBSIDIARIES**.

SIGNATURE OF LEGAL OR INSCRIPTOR * REPRESENTATIVE <hr/> Legal representatives Name * <hr/> Type and ID Number *	Fingerprint * <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <hr/> Date of completion*:
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