

## 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

<b>DOMICILE</b>	Address *		Phone *	
	State *	Country *		FAX
	Email		WEB Page	
<b>Legal representation information (Legal Person)</b>	Name and Surname*			
	Email *		Phone *	Mobile
<b>Commercial contact information (Legal Person)</b>	Name and Surname *			
	Email *		Phone *	Mobile
<b>ARIBA INFORMATION CONTACT *</b>	<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 style="text-align: center;"><b><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></b></p>			
	Name and Forenames *		Email *	

<b>CAPITAL COMPOSITION *</b>	Public <input type="checkbox"/>	If you are monitored by state boy indicate which		
	Private <input type="checkbox"/>	Mixed <input type="checkbox"/>		
<b>TYPE OF ACTIVITY *</b>	INDUSTRIAL	COMERCIAL	FINANCIAL	OTHER (INDICATE)
<b>SHAREHOLDERS INFORMATION</b>	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. *			
	<b>Business Name</b>	<b>ID Type</b>	<b>ID number</b>	

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		
<b>Bank References *</b>	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. AUTHORISATIONS AND DECLARATIONS

declare that, to date, I am not involved in any of the disabilities and incompatibilities legally provided for state contracts.

I declare that the information entered and attached to this form is truthful, and I admit that any omission or inaccuracy in these documents may cause the rejection of this request and the return of the documentation, as well as the cancellation of my registration. I declare that I will fulfil the obligation to update the data contained in this format at least once a year when there is a change in it or when I am expressly requested by ISA and the companies of the group, according to the times determined in the registration guide. Within the terms of the laws of Personal Data Protection, Habeas Data and Information Management, and its regulatory decrees, I declare that as the owner and authorised by a natural person or that corresponding to the legal person I represent, its legal representatives, tax reviewers, members of the board of directors, employees and partners of the information that lies here or that could be collected by ISA and the Or international. Likewise, previously authorised by the holders of the information, I entrust these companies to consult and verify the data corresponding to the legal representatives, tax reviewers, board members and shareholders of the legal person I represent to prevent any related activity to Money Laundering or Financing of Terrorism.

Under the seriousness of oath, manifest that the information contained here as well as the respective annexes, is truthful and verifiable; that as a natural person, I am not included, and that the legal person I represent, its legal representatives, its tax auditor, the members of the board of directors, its shareholders or partners, are not included in any of the lists established at the local or international Some commercial relationship is maintained with ISA and the group's companies.

Likewise, I expressly authorise ISA and the group companies and PAR SERVICIOS INTEGRALES SA so that, within the established legal terms, it can store and administer the data provided, which will be used for any process associated with the Supplier Management service of PAR SERVICIOS INTEGRALES SA and the supplier management and contracting processes of ISA and the group companies.

The information provided by the proposer as the owner or as authorised by the owner that is supplied to ISA and the companies of the group may be used for the following purposes:

- A) Transfer or transmit the data to the group companies inside and outside Colombia.
- B) Develop the hiring processes of the group's companies (matrix and subordinates).
- C) Carry out activities associated with the commercial relationship with the group's companies or third parties that contract with them.
- D) To disclose, transfer and/or transmit the information provided inside and outside the country to any of the companies of the group or third parties, as a result of a contract, the law or any other lawful link that requires it, or for these third parties to develop information system services, associated or not with the businesses of the group companies, for which the provider grants express and une

The data provided will be processed, verified, validated and administered for the purposes mentioned in the previous paragraph and their subsequent consultation by ISA and the group companies.

I state that I have read, understood and accepted the above statements as well as the registration guide, the terms and conditions of the supplier registration and all the documents associated with the registration or information system of ISA suppliers and the companies of the group.

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