

DUE DILIGENCE

Name of the Entity

General Data (one for each related person)

Position that the person holds within the Entity (Shareholder with more than 25% shares and/or Final Beneficiary)

	1	2	3
First Name	<input style="width: 100%; height: 15px;" type="text"/>	First Name <input style="width: 100%; height: 15px;" type="text"/>	First Name <input style="width: 100%; height: 15px;" type="text"/>
Middle Name	<input style="width: 100%; height: 15px;" type="text"/>	Middle Name <input style="width: 100%; height: 15px;" type="text"/>	Middle Name <input style="width: 100%; height: 15px;" type="text"/>
Paternal Surname	<input style="width: 100%; height: 15px;" type="text"/>	Paternal Surname <input style="width: 100%; height: 15px;" type="text"/>	Paternal Surname <input style="width: 100%; height: 15px;" type="text"/>
Maternal Surname	<input style="width: 100%; height: 15px;" type="text"/>	Maternal Surname <input style="width: 100%; height: 15px;" type="text"/>	Maternal Surname <input style="width: 100%; height: 15px;" type="text"/>
Married Name	<input style="width: 100%; height: 15px;" type="text"/>	Married Name <input style="width: 100%; height: 15px;" type="text"/>	Married Name <input style="width: 100%; height: 15px;" type="text"/>
Personal Identity Card	<input style="width: 100%; height: 15px;" type="text"/>	Personal Identity Card <input style="width: 100%; height: 15px;" type="text"/>	Personal Identity Card <input style="width: 100%; height: 15px;" type="text"/>
Passport Number	<input style="width: 100%; height: 15px;" type="text"/>	Passport Number <input style="width: 100%; height: 15px;" type="text"/>	Passport Number <input style="width: 100%; height: 15px;" type="text"/>
Physical Address	<input style="width: 100%; height: 15px;" type="text"/>	Physical Address <input style="width: 100%; height: 15px;" type="text"/>	Physical Address <input style="width: 100%; height: 15px;" type="text"/>
Profession or occupation	<input style="width: 100%; height: 15px;" type="text"/>	Profession or occupation <input style="width: 100%; height: 15px;" type="text"/>	Profession or occupation <input style="width: 100%; height: 15px;" type="text"/>
% Final Beneficiary	<input style="width: 100%; height: 15px;" type="text"/>	% Final Beneficiary <input style="width: 100%; height: 15px;" type="text"/>	% Final Beneficiary <input style="width: 100%; height: 15px;" type="text"/>

Please attach copy of the Personal Identity Card for each Natural Person.

Legal Entity

Complete Legal Name Complete Trade Name Type of Company

Identification Number - RUC & DV No. Of Operation Notification Registration Data

Physical address of the company Country of Incorporation Date of Incorporation

Telephone P.O. Box Email

Main activity of the company

Name of Legal Representative Identification of Legal Representative Email

Name of Final Beneficiary * Identificacion of Final Beneficiary Email

Address of Final Beneficiary Telephone

Detail the activity (ies) for which the entity will use:

Country (ies) where the activity of the entity will be carried out: If is not Panama, the client must enclose Form fo Sworn Statement of Accounting Records.

Origin of Funds

Please provide details of the origin of the funds that will be used to carry out the activity of the entity:

Personal Property <input style="width: 50px; height: 15px;" type="text"/>	Loan <input style="width: 50px; height: 15px;" type="text"/>	Personal Business Assets <input style="width: 50px; height: 15px;" type="text"/>
Inheritance / Trust <input style="width: 50px; height: 15px;" type="text"/>	Financial investments <input style="width: 50px; height: 15px;" type="text"/>	Contractual obligations <input style="width: 50px; height: 15px;" type="text"/>
Others (Specify) <input style="width: 50px; height: 15px;" type="text"/>	Details: <input style="width: 550px; height: 15px;" type="text"/>	

Reasons for the transactions intended or to be carried out with the entity:

The undersigned hereby declares that the source of the funds related to the Entity comes from legitimate sources and did not originate from any type of illegal activity. I also confirm that the information provided in this form is correct and accurate, and I authorize SOLIS ENDARA DELGADO & GUEVARA to provide this information for compliance and due diligence purposes to the corresponding authorities when they so require. Finally, I agree to inform SOLIS ENDARA DELGADO & GUEVARA of any future changes in the information provided herein.

* Provide this information for every Final Beneficiary of the legal entity and Enclose the following documentation for each Legal Person: 1.Evidence of incorporation and duration and 2.Copy of identity document of Legal Representative and the Final Beneficiary.

Politically Exposed Person (PEP)

Politically exposed people are national or foreign persons who hold high-level public positions or positions with authority and jurisdiction in a State, such as (but not limited to) heads of state or government, high-profile politicians, high-ranking government, judicial or military officials, state companies or corporations executives, public officials who hold positions of popular election, among others, who undertake decision-making in public entities; people who have, or who have been, entrusted with important functions by an institutional organization, such as members of senior management, i.e., directors, deputy directors and members of the board of directors or people who have equivalent functions.

Is any of the persons related to the entity a PEP?

Current Position <input style="width: 140px; height: 15px;" type="text"/>	Previous Position <input style="width: 140px; height: 15px;" type="text"/>	
From: <input style="width: 110px; height: 15px;" type="text"/>	From: <input style="width: 110px; height: 15px;" type="text"/>	To: <input style="width: 110px; height: 15px;" type="text"/>

If the answer is Yes, please complete the beside fields.

Does any of the persons related to the entity has any degree of affinity with a PEP? <input style="width: 130px; height: 35px;" type="text"/>	Name of the PEP <input style="width: 140px; height: 15px;" type="text"/>	Degree of Affinity <input style="width: 270px; height: 15px;" type="text"/>
	Position <input style="width: 140px; height: 15px;" type="text"/>	

If the answer is Yes, please complete the beside fields.

Name of the PEP

Country in which (s)he holds the political office

References

Bank References

Name of the Bank	Activity	Relation	Telephone	Email

Commercial Reference (Provider)

Company Name	Activity	Relation	Telephone	Email

Commercial Reference (Client)

Company Name	Activity	Relation	Telephone	Email

Work Place

Name of employer and nature of the business developed

Job Position

Hiring Date

Gross monthly income

Additional Income

Date of Registration

Enclose supporting Documents

Are you engaged in any of the following activities?

a) Systematic or substantial transactions of money exchange and transfers through instruments, such as checks, bank drafts, bills of exchange or similar instruments.

b) Systematic or substantial operations of issue, sale, rescue or transfer of traveler's check or money orders.

c) Systematic transfer of funds made through any means.

d) Administration of trusts or any type of administration of resources made by natural or legal persons that are not financial intermediaries.

e) Among your operations, are you engaged in insurance activities (Insurance Agency, brokerage)

f) Remittances of money from one country to another.

g) Purchase-sale or transfer of real estate and registrable or non-registrable assets, such as weapons, stones and precious metals, works of art, jewelry, automobiles and insurance.

h) Casinos, betting and other operations related to gambling.

i) Credit card operators that are not part of a financial group.

j) Professional services.

k) Alternative means of financial transfers.

In the affirmative case, the client will report his activity to the General Superintendency of Financial Entities (a-d), according to the forms that are established for that purpose.

Describe the origin of the funds (salaries, fees, business operation, inheritance, income, among others): Where do they come from and how?

Purpose of the relation:

Nature of business relationship (indicate product or service):

I authorize SOLIS ENDARA DELGADO & GUEVARA to corroborate the veracity of the information provided herein and to obtain and request any additional information deemed necessary regarding this document.

Prepared by:

Client / Signature

Residencia & Ciudadania / Signature

Position

Position

Date

Date