

THIRD PARTY KNOWLEDGE

DATE

The entities grouped under the trademark "Corporación Energías de Guatemala" (hereinafter "CEG"), in order to have a risk management system for Money Laundering and Terrorist Financing, have provided this form for those who wish to have business with any of the entities that are grouped in CEG, in coherence with the applicable regulations in this matter, the legal provisions tending to strengthen the mechanisms for the prevention of acts of fraud, corruption and bribery.

This Form must be delivered at the beginning of the commercial relationship with any of the CEG entities and must be filled out completely.

Note that:

- a) It is possible that some information does not apply, in which case, this should be expressed by writing N/A.
- b) In the case of legal entities, the form must be signed by the Legal Representative, attaching the legal representation document.
- c) In the case of individual persons, the form must be signed by the owner (individual person) attaching a copy of identification (passport).
- d) P.E.P: People who hold or have held a relevant position in Guatemala or in another country in the last 5 years, or any person who has or has been entrusted with a prominent role in an international organization, as well as the leaders of national political parties and those of another country who their profile are exposed to risks inherent to their level or hierarchical position.

Privacy Notice: CEG states that the data provided this Form will be treated in a secure and confidential manner, in accordance with its policies for the protection of confidentiality of information. To complete this Third-Party Knowledge, CEG entities may use the contact information provided, such as: email, telephone number, SMS, among others. The data collected may be communicated to authorities when required by them or by law.

Any query and/or claim regarding the processing of your data and to access, rectify or modify these, may be made through our supplier management process (procurement@ceguat.com) or customer management (comercial@ceguat.com).

The undersigned declares that the data and information provided in this Form are true and that they have been duly informed about the purposes of their treatment.

Basic information of the individual person or legal entity	
Name (first and last) or corporate name:	
Type (passport or other) and identification number:	Date of Issue:

Tax ID or Number:		
Address:		
City:		Country:
Work Phone:		Cellphone:
Email:		
Webpage:		
Are you a Politically Exposed Person:		Relationship:
Type of Legal Entity:		Nationality:
		Foreing: Country:
		Branch Office in Guatemala:
Is the company parent or subsidiary? State the company name, the type and identification number of the entities that make up the business group, and the level it holds within the group. In which countries does the company have commercial and financial operations?		
Is the company an authorized economic operator (AEO)? Yes No		

No.	TYPE OF GOOD OR SERVICE
1	
2	
3	

COMMERCIAL REFERENCES (OPTIONAL)		
No.	NAME	PHONE
1		
2		
3		

BANK REFERENCES (Please include a bank references letter)	
No.	INSTITUTION BANK NAME
1	
2	
3	

Legal Representative Information	
Name:	
Last Name:	Birthdate:
ID number and type	Nationality:
Issue Date	
Address	
City	
Email	
Rpresentation Document	
Issue Date	

Information on members of the Board of Directors or its equivalent – MAIN					
	1	2	3	4	5
Names					
Last Names					
ID number and type					
Issue Date					
Address					
City					
Email					
Nationality					
Date of Birth					
Document through which they were appointed (attach it)					
Date from which they hold the position					
Is any of them a politically exposed person; state the relationship:	Yes No	Yes No	Yes No	Yes No	Yes No

Information on members of the Board of Directors or its equivalent – ALTERNATES					
	1	2	3	4	5
Names					
Last Names					
ID number and type					
Issue Date					
Address					
City					
Email					
Nationality					
Date of Birth					

Document through which they were appointed (attach it)					
Date from which they hold the position					
Is any of them a politically exposed person; state the relationship:	Yes No	Yes No	Yes No	Yes No	Yes No

Statutory Auditors or External Auditors Information		
	Main	Alternate
Name		
Last name		
ID number and type		
Date of Issue		
Phone		
Address		
City		
Email		
Document through which they were appointed (attach it)		
Date from which they hold the position		
Is any of them a politically exposed person; state the relationship:	Yes No	Yes No

In case of having a firm or legal entity as a tax auditor or auditor, indicate the data (If you do not have it, indicate it in Observations and Clarifications):
Corporate Name:
Tax ID number:
Document through which it was appointed/hired:
Date of Relationship:

Observations or Clarifications:

Ucrgu'eqpwcevt c{ cdrglt gegkcdrg	
P co g<	Phone<
Email:	
Issue payment on behalf of:	
Payment terms:	

Shareholders or partners with participation greater than or equal to five percent (5%)							
I certify that the shareholders or partners who have a participation greater than or equal to FIVE PERCENT (5%) of participation in the capital stock of the entity that I represent are the natural or legal entities that appear in the following list:							
Names and last names/Company name	Type and identification number (individual person) / Type of company and articles of incorporation or equivalent and registration number (legal entity)	Document issue date	Participation in the share capital (%)	Nationality/ Country of Incorporation	Address	Is it a politically exposed person; indicate relationship	Date of birth

Note: use a separate table to list all partners in case more space is required.

Final Beneficiaries/Natural Person							
I certify that the final beneficiaries of the entity that I represent are the following:							
Name and Last Name	Id Number and Type	Date of Issue	Nationality	Participation in the share capital (%)	Address	Is it a Politically Exposed	Date of birth

						Person; State relationship	

If the final beneficiaries have appointed a person other than the members of the board of directors to exercise the power to direct the administration of the company (decision-making), indicate the person, the date when they started as such and the document through which said appointment was made:

STATEMENTS

I _____, in the capacity in which I act, declare the following, being aware of the penalties related in case the declaration made suffers from any falsehood:

- The resources with which the commercial relationship is developed and/or the contract is executed do not come from any illegal activity and will not be used to finance any illegal activity.
- The information consigned and attached to this Form is true and I state that any omission or inaccuracy of the information and/or documents presented to carry out the commercial relationship will allow any of CEG's entities to terminate said commercial relationship, if they consider so.
- I declare that the resources with which the entity was constituted do not come from any illegal activity.
- That it currently does not exist against me, the company I represent or any of its affiliated, subsidiary and/or related entities, its shareholders or partners, its final beneficiaries, its Legal Representatives, Statutory Auditors, External Auditors and their members of the Board of Directors and any other person mentioned in this Form, any connection to criminal investigations or proceedings for malicious crimes related to money laundering, terrorist financing, fraud, corruption or bribery in Guatemala or any other country, and that there is no public information that has a legal and reputational impact on the CEG entities or that may expose them to a legal or reputational risk.

Note: in the event that there is a final judicial sentence or conviction or any connection to criminal investigations or proceedings for malicious crimes related to money laundering, financing of terrorism, fraud, corruption or bribery, as well as information that has a legal and/or reputational impact to one of CEG's entities, which could expose them to a legal or reputational risk, a document that lists and details the events must be attached to this Form.

Authorization

I hereby authorize the CEG Company to consult the public lists established for the control of money laundering, terrorist financing, fraud, corruption or bribery, as well as the information centers and/or public databases, corresponding to the legal entity that I represent, its legal representatives, tax auditors, members of the Board of Directors, Shareholders, Partners and all the persons mentioned in this Form.

I state that any variation in the information provided will be brought to the attention of CEG's entity with which I have contracted.

For the record,

Company Seal

Signature of legal representative

Name and Last Name	
ID number and Type	
Date of Signing	

- It is essential to include the date of signing of the document, otherwise, it will not be accepted as completed correctly.
- Failure to fill out the required fields will be considered incomplete in this form.

CEG internal use	
Copy RTU	Dpi legal Representative
Company Patent	Copy of appointment
Company Patent	Form J22-F05
voided check or statement statement	Social deed and modifications