

# Affiliation Request Form

V-5-16



## REDEBAN MULTICOLOR EXCLUSIVE USE

COMPLETION DATE DAY MONTH YEAR			REFERENCE NUMBER	REQUEST TYPE	CODE NUMBER AGGREGATOR	<input checked="" type="checkbox"/> BUSINESS NAME CHANGE MASTERCARD CODE	<input type="checkbox"/> TEMPORARY AFFILIATION	<input type="checkbox"/> MINI DATAPHONE	<input type="checkbox"/> QR CODE
POSTCODE									

## REQUEST OF KNOWLEDGE AND CONSENT OF COMMITMENT

Acting voluntarily on my own behalf and giving testimony that the content of this form is correct, I declare that the resources for the development of my activities originate from legal activities. I will not develop or finance activities defined as illicit. I exclude RBM Redeban Multicolor from all responsibility derived from erroneous, false or inaccurate information provided on this document.

ENTITY FILING DATE DAY MONTH YEAR	PRESENTATION DATE REDEBAN DAY MONTH YEAR	PRESENTATION DATE INCONCRÉDITO DAY MONTH YEAR
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## ESTABLISHMENT INFORMATION

BUSINESS NAME OR OWNER		ESTABLISHMENT COMMERCIAL NAME	
Nº NIT CIIU CODE (Main activity)	D.V. <input type="checkbox"/>	COMMERCIAL ACTIVITY MCC EXCLUSIVE USE OF REDEBAN MULTICOLOR	UNIQUE CODE
CHAMBER OF COMMERCE REGISTRATION NUMBER		UNIQUE CODE LIST ATTACHED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
BUSINESS TYPE Limited <input type="checkbox"/> Corporate <input type="checkbox"/> Mixed economy <input type="checkbox"/> De Facto <input type="checkbox"/> Individual enterprise <input type="checkbox"/> Corporate society <input type="checkbox"/> Collective <input type="checkbox"/> Limited Liab <input type="checkbox"/>	Limites by shares <input type="checkbox"/> Foreign branches <input type="checkbox"/>	Non profit society <input type="checkbox"/> Private foreign <input type="checkbox"/>	Natural person <input type="checkbox"/> Other: <input type="text"/>
TRAVEL AGENCY <input type="checkbox"/> DIRECT SALE <input type="checkbox"/>	DIRECT SALE AND TICKETS <input type="checkbox"/> Nº IATA	AIRLINE <input type="checkbox"/>	REQUIRE TAXES YES <input type="checkbox"/> NO <input type="checkbox"/>
TAX LIABILITY (according to RUT)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18		
ESTABLISHMENT ADDRESS	PHONE	CITY/STATE	
MAIL ADDRESS	PHONE	CITY/STATE	
CELL PHONE	FAX	E MAIL ADDRESS MAIN OFFICE	
SOCIAL NETWORKS FACEBOOK <input type="checkbox"/> YOUTUBE <input type="checkbox"/> TWITTER <input type="checkbox"/> LINKEDIN <input type="checkbox"/> OTHER WHICH:	NAME ON NETWORKS		WEB SITE:
HOURS OF ATTENTION DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> 24 HOURS <input checked="" type="checkbox"/>	EXEMPT W-HOLD TAX YES <input type="checkbox"/> NO <input type="checkbox"/>	EXEMPT FETECA YES <input type="checkbox"/> NO <input type="checkbox"/>	RETENTION IVA YES <input type="checkbox"/> NO <input type="checkbox"/>
TYPE OF ESTABLISHMENT	Percentage of Retefuente	Percentage of Reteica	Percentage of IVA
I authorize REDEBAN MULTICOLOR S.A. to send SMS to the cellphone number registered and to send emails with information on the company's products and services.			Consumer Tax
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

## DEPOSIT ACCOUNT CERTIFICATE

ACCOUNT NUMBER 1 2 1 1	BANK CODE	BANK NAME	BRANCH CODE
ACCOUNTHOLDER	ACCOUNT TYPE	SAVINGS <input type="checkbox"/>	CURRENT <input type="checkbox"/>
NIT OR C.C.	NIT OF THE TRUST	TRUST <input type="checkbox"/>	
For this purpose, this communication is certified with the signature that is registered for this account, along with the seal and other special characteristics for this account that are valid at the current date.			
BANK AUTHORIZATION		APPROVAL	
		ADVISER NAME	
		SIGNATURE OF ADVISER AND BANK SEAL	

## PAYMENT TO INCOCRÉDITO

BANK NAME	BANK CODE	PAYMENT NO. OR AUTHORIZATION NO.
PAYMENT VALUE	PAYMENT DATE	
The affiliate guarantees and certifies that all information here incorporated is true and complete, without prejudice that Redeban Multicolor may request a photocopy of the payment made to Inco Crédito at any moment, in the event this is necessary.		

## SHAREHOLDER OR ASSOCIATES

\*\*TYPE OF ID: C.C.= Citizen ID C.E.= Foreigner ID\*\*

GIVEN NAMES AND SURNAME	More than 5% participation	**ID TYPE Nº IDENTIFICATION C.C. C.E.	CITY	TELEPHONE
GIVEN NAMES AND SURNAME	More than 5% participation	**TIPO ID Nº IDENTIFICATION	CITY	TELEPHONE
		CELLPHONE	RESIDENCE ADDRESS	
		CELLPHONE	ADDRESS RESIDENCE	

## COMMERCIAL REFERENCES OF ESTABLISHMENT

GIVEN NAMES AND SURNAME	IDENTIFICATION Nº	ADDRESS	CITY	TELEPHONE

## PERSONAL INFORMATION OF THE LEGAL REPRESENTATIVE

GIVEN NAME	FIRST SURNAME	SECOND SURNAME
RUT <input checked="" type="checkbox"/>	CITIZEN ID Nº	DATE OF BIRTH
FOREIGNER ID <input type="checkbox"/>	DATE DOCUMENT ISSUED	DAY MONTH YEAR
SEX F <input type="checkbox"/> M <input type="checkbox"/>	STATUS SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATE <input type="checkbox"/> WIDOW <input type="checkbox"/>	PARTNER <input type="checkbox"/> RELIGIOUS <input type="checkbox"/>
RESIDENCE ADDRESS		CITY
PROFESSION		TELEPHONE
INDEPENDENT <input type="checkbox"/> EMPLOYED <input checked="" type="checkbox"/> PUBLIC SERVANT <input type="checkbox"/> PARTNER <input type="checkbox"/> STUDENT <input type="checkbox"/> HOUSEWIFE <input type="checkbox"/> RETIRED <input type="checkbox"/>		CELLPHONE
DO YOU MANAGE PUBLIC FUNDS? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU HOLD PUBLIC POWER? YES <input type="checkbox"/> NO <input type="checkbox"/>
		ARE YOU A PUBLIC FIGURE? YES <input type="checkbox"/> NO <input type="checkbox"/>

## PERSONAL REFERENCES OF THE LEGAL REPRESENTATIVE

GIVEN NAMES AND SURNAME	ADDRESS	CITY	TELEPHONE



