



REGISTRATION AND UPDATING OF PROVIDERS

LEGAL REPRESENTATIVE / MEMBERS OF THE BOARD OF DIRECTORS			
Type of identification / ID number	Name and surname	e-mail	Position in the company
PRODUCTS OR SERVICES OFFERED			
HAS A CONTROLLED CHEMICAL SUBSTANCE LICENSE		LICENSE DATA	
YES <input type="checkbox"/>	No <input type="checkbox"/>	License number:	Expire date:
ADMINISTRATIVE CONTACT			
Information Contact Name:	TELEPHONE NUMBER	E-mail:	Payment Condition: Counted: <input type="checkbox"/> Credit: <input type="checkbox"/> Days: _____
BANK INFORMATION			
Bank or Financial Institution	NAME:		
Account number: (20 digits)	Account type: Current <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>		
TRIBUTARY INFORMATION			
Regime IVA 75% <input type="checkbox"/> 100% <input type="checkbox"/>	Ordinary yes <input type="checkbox"/> No <input type="checkbox"/>	Special Taxpayer yes <input type="checkbox"/> No <input type="checkbox"/>	

I DECLARE THAT THE INFORMATION RECORDED HEREIN AND THE DOCUMENTATION PROVIDED IS ACCORDING TO REALITY AND I ASSUME FULL RESPONSIBILITY FOR THE TRUTH OF THE SAME.

Name and Position of the Company Representative : _____

ID Number: _____

SIGNATURE AND STAMP: _____

*-Fill out the form in legible print letters.

*-Sign (as in the identity card), seal and place the fingerprint without using digitizations, in case of having a duly registered digital signature, leave the corresponding bar code



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DOCUMENTATION TO BE SUBMITTED WITH THE SUPPLIER REGISTRATION FORM

- Supplier Registration and Update Form (F-CT-003-CGQ)
- Constitutive Document (or its equivalent) and last modification
- Identification Document of the Legal Representative and current Board of Directors
- Bank Information (Account number, Swift, ABA).
- Tax Document (NIT, RUT, ID) according to the country that applies.
- Declaration of Origin of Funds (**Model provided by CGQ**)
- Affidavit of Not Having a Family Relationship – Code of Ethics (**Model provided by CGQ**)
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- Registration or Patent for Economic Activities or Affidavit of Not Possessing (**Model provided by CGQ**)



INTEQUIM

RIF: J-07504842.3



RIF J070016187



J-00034316-0



DECLARATION OF SOURCE OF FUNDS

I/ We, _____, holder(s) of identity card number(s). _____, in my capacity as _____, acting in this act on behalf of the company _____, identified with the RIF, NIT, RUT, ID (as applicable) No. _____, Telephone number (____) _____ domiciled at _____

VOLUNTARILY UNDER OATH I DECLARE:

1. That the origin of the funds of my client are from his own pocket and from lawful activities, therefore, they have no relationship whatsoever with money, capital, goods, funds, assets, benefits, values or titles that are considered product of the activities or actions contained in the Organic Law against Organized Crime and Financing of Terrorism and what is established in the Organic Law on Drugs in force.
2. Not be related to, nor intend to involve, **CORPORACIÓN GRUPO QUÍMICO, C.A. AND ITS SUBSIDIARIES** in any way, with illegal activities that may serve as an instrument to commit the crime of Money Laundering and Financing of Terrorism.
3. I will not allow third parties to make deposits on behalf of my client or myself, with funds from illegal activities contemplated in the competent Venezuelan legislation on the matter, nor will I carry out transactions for such activities or in favor of persons related to them.

In proof of having read and complied with the foregoing, and in compliance with the "Rules relating to the Administration and Control of risks related to the crimes of Money Laundering and Financing of Terrorism applicable to Institutions regulated by the National Superintendence of Securities, as well as, to the Good Corporate Governance Standards"

In the city of _____, on the _____ of the month of _____ of _____

Signature of the legal representative (seal)

Fingerprints

*-Fill out the form in legible print letters.

*-Sign (as in the identity card), seal and place the fingerprint without using digitizations, in case of having a duly registered digital signature, leave the corresponding bar code.



**SWORN DECLARATION OF NO RELATIONSHIP
ETHICS CODE**

I/We,

_____, holder(s)
of identity card No(s). _____, in my capacity as
_____, acting in this act on behalf of the
company _____, identified with the
RIF, NIT, RUT, ID (as applicable) No. _____, Telephone
number (____) _____ domiciled at _____

I DECLARE UNDER FAITH OF OATH, the following:

"_____ (indicate Yes or No) have no kinship ties, both consanguinity (up to the fourth degree), or affinity (up to the second degree), with workers, employees, managers, shareholders belonging to Corporación Grupo Químico C.A and its Subsidiary companies: C.A. Venezolana de Pinturas, C.A. Integrated Chemistry "INTEQUIM", Pinturas International C.A."

Furthermore, I DECLARE UNDER FAITH OF OATH that:

"I am aware of the ethical obligations that emanate from the commercial relationship with Corporación Grupo Químico, C.A. and its affiliated companies, and I promise to immediately declare any possible conflict of interest that may arise during the course of the commercial relationship between both companies, immediately notifying the corresponding Department in writing."

In this sense, I declare that the aforementioned is true and corresponds to my real and current situation

In the city of _____, on the _____ of the month of _____ of _____

Signature of the legal representative (seal)

Fingerprints

*-Fill out the form in legible print letters.

Proof of Not Possessing an Economic License

The Subscriber, _____,
bearer of identity card number _____, Rif/RUT/ID Number:
_____. Declares in this document that he does not have an
Economic Activity Patent since it does not meet the necessary requirements,
since the company is located in a Residential area Domiciled
at: _____,
for this reason the Legislation of the Mayor's Office of _____,
does not make Assignment of Patent or License of Economic Activity.

Certificate issued on date, _____

Sincerely,

Name and surname:
Phone