CERTIFICATION FOR THE PREVENTION OF MONEY LAUNDERING, FINANCING OF TERRORISM AND FINANCING AND PROLIFERATION OF WEAPONS OF MASS DESTRUCTION.

Date: _____

Company Name: _____

TIN: _____

The Company has a System for the Prevention and Control of Money Laundering, Financing of Terrorism and Financing and Proliferation of Weapons of Mass Destruction – ML/FT/FPWMD (SAGRILAFT/FPADM in Spanish) or a Regime of Minimum Measures, which in both cases fully complies with the applicable Colombian regulations.

SAGRILAFT: YES _____ **NO**_____

REGIME OF MINIMUM MEASURES: YES _____ **NO**_____

In case of a **NO** answer, please state the reasons for your answer.

_____

_____

_____

Compliance Officer or Employee Information:
Name: _____
Phone: _____
E-mail: _____

We authorize **PRODENVASES S.A.S.** to verify and confirm the information provided, including the effective application of the System for the Prevention and Control of Money Laundering, Financing of Terrorism and Financing and Proliferation of Weapons of Mass Destruction (SAGRILAFT/FPADM) or the Regime of Minimum Measures within our company.

Legal Representative Name: _____
ID Card No. _____

SIGNATURE: _____ **SEAL**

Company Legal Representative