



DECLARATION OF CONFLICT OF INTEREST

I, _____, acting on behalf and Legal Representation of, _____ identified with the NIT _____, declare that * _____ contractual, family or kinship relationship up to 3rd degree of consanguinity (parents, children, uncles / nephews), 2nd degree of affinity (husband/ wife, permanent partners, brothers-in-law or sons-in-law) and 1st civil (adopted children) of the above mentioned between any of the officers or employees, managers or shareholders of the entity I represent with any employee or manager of the Universidad CES.

*Let know: If it exists or does not exist.

In case of being involved in any of the situations described above, please fill out the following information to expand possible inabilities, incompatibilities or conflicts of interest:

Full Name	Identification Number	Type of relationship	Relationship with Universidad CES

More information:

NAME:

SIGNATURE LEGAL REPRESENTATIVE:

IDENTIFICATION NUMBER:



EXPANDED KNOWLEDGE OF SHAREHOLDERS AND BENEFICIAL OWNERS

Please list below the shareholders or associates that directly or indirectly have a shareholding equal to or greater than 5% or provide the respective shareholder composition certification.

Please list your shareholder composition information in the table “*Expanded Knowledge of Shareholders and Beneficial Owners*” and provide this information for all indirect shareholders/associates that meet this condition until listing the **Natural Persons** who exercise effective/final control, or who have the right to enjoy and/or dispose of the assets, benefits, results or profits.

*For Non-Profit entities, the beneficial owner is the natural person who holds the position of Legal Representative, unless there is a natural person who holds a greater authority in relation to the management or direction functions of the legal person, in which case the latter natural person must be reported”.

(In case more space is required please insert the rows you consider necessary).

Expanded knowledge of Shareholders and Beneficial Owners

Type of identification	Identification Number	Company name of which you are a shareholder	% Participation	Politically Exposed Person (Yes/No)

NAME:

SIGNATURE LEGAL REPRESENTATIVE:

IDENTIFICATION NUMBER: