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|  | | | **SUPERINTENDENCIA DE LA ECONOMÍA SOLIDARIA**  **FORMULARIO DE VINCULACION DEL ASOCIADO (CLIENTE)**  **FORMATO Nº 5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre de la cooperativa | | | | | **COOPERATIVA MULTIACTIVA ANTONIO JOSE JARAMILLO TOBON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sigla | | | | | | | | | | | | | | PRINCIPAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oficina | | | | | PRINCIPAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **A. PERSONAS NATURALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | 1. Nombres | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 2. Apellidos | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 3. Nro de identificación | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | CC |  | | | | TI | | | |  | | CE | |  | | | PAS | |  | | | | | | | | |
|  | | | 4. Fecha de nacimiento | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 5. Lugar de nacimiento | | |  | | | | | | | | | | | | | | | | | | Departamento | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | Municipio | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | 6. Dirección domicilio | | |  | | | | | | | | | | | | | | | | | | Departamento | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | Municipio | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | 7. Teléfono (s)  8. Nombre de la empresa donde | | | - | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | labora | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | 9. Cargo | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | 10 Dirección trabajo | | |  | | | | | | | | | | | | | | | | | | Departamento | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Municipio | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | 11.Telefono(s) | | |  | | | | | | | | | | | | | | | | | | | Nro de fax | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 12.Ocupacion, oficio o profesión | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 13.Administra recursos propios | | |  | | | | | | Si | | | | |  | | No | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 14. Actividad económica | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | CIIU | | | |  | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | 15. **INFORMACION FINANCIERA ($)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | Ingresos mensuales derivados de su actividad principal | | | | | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | |  | | | | | | **BENEFICIARIOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | Otros ingresos (especificar) | | | | | | |  | | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | Egresos mensuales | | | | | | |  | | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | Total activos | | | | | | |  | | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | Total pasivo | | | | | | |  | | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | **B. PERSONAS JURIDICAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 16.Razón Social | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | 17.NIT | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | 18.Cámara de Comercio | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | 19.Dirección Domicilio | | | |  | | | | | | | | | | | | | | | | | | | Departamento | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Municipio | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
|  | | | 20.Teléfono (s) | | | |  | | | | | | | | | | | | | | | | | | | Nº. de fax | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
|  | | | 21.Nombre completo del Representante legal | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | 22.Nº Identificación del Representante legal | | | | | | | | | | | |  | | | | | | | | | | | CC | | | | | | | | |  | | | | | | | | | TI | | | | | |  | CE | | | | | | | | | | | |  | | | | | | Pas | | | | | | | | | | | | |  | |  | | | | | | | | | |  | | | | |
|  | | | 23.Dirección domicilio | | | |  | | | | | | | | | | | | | | | | | | | Departamento | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Municipio | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
|  | | | 24.Teléfono (s) | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | 25.Tipo de empresa | | | | Privada | | | | | |  | | | | | Pública | |  | | | | | | Mixta | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | 26.Actividad económica | | | |  | | | | | | | | | | | | | | | | | | | CIIU | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | | | 27.INFORMACION FINANCIERA ($) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Ingresos mensuales derivados de su actividad principal | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Otros ingresos (especificar) | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Egresos mensuales | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | Total activos | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Total pasivo | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | **C. OPERACIONES EN MONEDA EXTRANJERA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 28.Realiza operaciones en | | | | | | | | | SI | | |  | | Cuáles | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | moneda extranjera | | | | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | NO | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | 29. Posee cuentas en | | | | | | | | | SI | | |  | |  | | | | | | | | | | | | | Banco | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | Moneda | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |  | |
|  | | moneda extranjera | | | | | | | | | Nº Cuenta | | | | |  | | | | | | | | | | | | | Ciudad | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | País | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |  | |
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|  | | 30. Declaro que no realizo transacciones en moneda extranjera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | |
|  | |  | | | | | | | | | FIRMA CLIENTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | |
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|  | | CERTIFICO QUE LA INFORMACION SUMINISTRADA ES VERIDICA Y AUTORIZO A LA COOPERATIVA PARA QUE VERIFIQUE.  ESTOY INFORMADO DE MI OBLIGACION DE ACTUALIZAR ANUALMENTE LA INFORMACION QUE SOLICITE LA ENTIDAD POR CADA PRODUCTO O SERVICIO QUE UTILICE.  AUTORIZO A LA COOPERATIVA PARA QUE CONSULTE Y REPORTE INFORMACION A LAS CENTRALES DE RIESGO.  DECLARO QUE MIS INGRESOS Y BIENES PROVIENEN DEL DESARROLLO DE MI ACTIVIDAD ECONOMICA PRINCIPAL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |  | | | | | | | | **FIRMA CLIENTE** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | HUELLA | | | | | | | | | | | |  | | | | | | | | | | | |
| **FECHA DILIGENCIAMIENTO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. **ESPACIO PARA LA COOPERATIVA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. OBSERVACIONES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  32. FECHA DE REALIZACION ENTREVISTA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  33. NOMBRE Y FIRMA FUNCIONARIO UE REALIZO LA ENTREVISTA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  34. NOMBRE Y FIRMA FUNCIONARIO RESPPONSABLE DE VERIFICACION DE INFORMACION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  35. FECHA VERIFICACION INFORMACION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DOCUMENTOS ANEXOS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PN | | | PJ | | | | | | |
| Fotocopia del documento de identificación | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | | |  | | | | | | |
| Constancia de ingresos (honorarios, laborales, certificación de ingresos y retenciones) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | | |  | | | | | | |
| Declaración de renta del último periodo gravable disponible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | | | X | | | | | | |
| Original del certificado de existencia y representación legal con vigencia no superior a 3 meses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | X | | | | | | |
| Fotocopia del número de identificación tributaria NIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | X | | | | | | |

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| **DECLARACION DE ORIGEN DE FONDOS, MANEJO DE CUENTAS Y EN GENERAL DE LOS PRODUCTOS Y SERVICIOS OFRECIDOS POR LA COOPERATIVA MULTIACTIVA ANTONIO JOSÉ JARAMILLO TOBÓN DE BELMIRA “COOBELMIRA”**  Yo Identificado con documento de identidad No. Expedida en  obrando en nombre propio de manera voluntaria y dando certeza de que todo lo aquí consignado es cierto, realizo la declaración de origen de mis fondos a la COOPERATIVA MULTIACTIVA ANTONIO JOSÉ JARAMILLO TOBÓN con el propósito que se pueda dar cumplimiento a lo señalado al respecto en la circular Externa 007 de 1996 expedida por la Superintendencia Bancaria, el Estatuto Orgánico y el Sistema Financiero (Decreto 663 de 1993), ley 190 de 1995 Estatuto anticorrupción y demás legales concordantes para la apertura y manejo de cuentas de ahorro y certificados de depósito a termino.  1. Los recursos que entregué, provienen de las siguientes fuentes (detalle de la ocupación, oficio, profesión, actividad, negocio, etc.):  PENDIENTE POR CONFIRMAR  2. Declaro que los recursos que entregue, no provienen de ninguna actividad ilícita de las contempladas en el Código Penal Colombiano o cualquier norma que lo modifique o adicione.  3. Manifiesto que no admitiré que terceros efectúen depósitos a mis cuentas con fondos provenientes de las actividades ilícitas contempladas en el Código Penal Colombiano o en cualquier norma que lo modifique o adicione, ni efectuaré transacciones destinadas a tales actividades o a favor de personas relacionadas con las mismas.  4. Autorizo a la COOPERATIVA MULTIACTIVA JOSÉ JARAMILLO TOBÓN para cancelar las cuentas y depósitos que mantengan en esta entidad, en el caso de infracción de cualquiera de mis obligaciones señaladas en los numerales anteriores de este documento, así como pro la información errónea, falsa o inexacta que yo hubiere proporcionado en este documento e igualmente por no actualizar anualmente la información aquí solicitada, eximiendo a la entidad de toda responsabilidad derivada de estos hechos.  En constancia de haber ido, entendido y aceptado lo anterior, firmo el presente documento a los 15 días del mes de Abril del año 2011 en la ciudad de Belmira.  OBSERVACIONES:        Firma Asociado C.C de: |
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