|  |  |
| --- | --- |
| **Application Date**  | Click or tap to enter a date. |
| Fill in the following information for any of the requirements to be fulfilled. |
| **Account Holder Information (1)** |
| Company name |  |
| Type of Identification | Choose an item. | Which? |  |
| Identification Number |  |
| Account ID |  |
| Country and City or Municipality |  |
| Main Address |  |
| Email  |  |

**Section 1.** Complete the following information only to request a change in the liable entity or end user information of a certificate.

|  |
| --- |
| **Corporate Information (Liable Entity – End User) (2)** |
| Beneficiary to be modified | Choose an item. |
| Previous company name |  |
| Previous NIT |  |
| New corporate name |  |
| New NIT |  |
| **Project Information** |
| Project Name |
| Project ID |  |
| Serial of Certificate(s) or Modified Record(s) |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(1) Account holder (2) Liable entity or end user**

Name. Name.

Identification. Identification.

**Section 2.** Complete the following information only to request the reversal of a COLCERs transaction (withdrawal or transfer).

|  |
| --- |
| **Description of COLCERs transferred (3)** |
| Account Owner ID (If applicable) |  |
| Company name (owner, liable entity or end user) |  |
| Type of Identification | Choose an item. | Which? |  |
| Identification Number |  |
| Project ID |  |
| Number of COLCERs to be reversed |  |
| Serial of COLCERs to be reversed (If applicable) |  |
| **Receiving account description (4)** |
| Receiving Account ID |  |
| Company name |  |
| Type of Identification | Choose an item. | Which? |  |
| Identification number |  |
| Number of COLCERs reversed |  |
| Serial of COLCERs reversed (If applicable) |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(3) Holder of the Owning Account (4) Holder of the Receiving Account**

Company name. Company name.

Legal representative. Legal representative.

Identification. Identification.

| **Responsibilities** |
| --- |
| Considering the above, in relation to the submitted request, THE CLIENT declares and states that: 1. The application submitted is in good faith and without intent to defraud CANAL CLIMA and/or third parties.
2. It has not carried out any type of administrative or commercial operation (assignments, endorsements, encumbrances, among others, involving the transfer of the certificate) on the registration mentioned in this application from its date of issue to date.
3. It has not made any application to the National Tax and Customs Directorate DIAN in relation to the registration indicated in the present application.

THE CLIENT agrees to hold CANAL CLIMA harmless on the statements previously made and, if necessary, to defend CANAL CLIMA in court for any action and/or claim that may arise on the transaction or transactions that may have taken place in the register indicated in this application.THE CLIENT agrees to take all necessary measures to ensure the truthfulness of the statements made and to prevent the occurrence of any situation that may affect CANAL CLIMA.If the CLIENT notices, even later, any irregularity in relation to this registration on the COLCX platform and/or on the certificate, he/she shall immediately inform CANAL CLIMA so that it may take the appropriate measures.By signing this document, you declare in a free, conscious, express, informed and spontaneous manner that you authorize Canal Clima S.A.S. to collect, store, organize, use, transmit or transfer, and in general, to process, directly or through a data processor, personal information in accordance with the purposes determined with the interest group to which you belong, taking into account the activities and services of the Organization. |

By signing, I certify the truthfulness of the information provided in this form.