BOSQUES BIODIVERSOS, SL

Address: C/Sanglas, nº 10. Loeches (28890 Madrid)

TEL: +34 620 44 64 32
EMAIL:gerencia@bosquesbiodiversos.com

CLIENT INFORMATION SUMMARY

In accordance with Articles two (2) through five (5) of the Due Diligence Convention and the Federal Banking Commission Circular of December 1998, concerning the prevention of money laundering, and Article 305 of the Swiss Criminal Code, the following information may be supplied to banks and/or other financial institutions for the purpose of verification of identity and activities of the investing Member, and the nature and origin of the funds that are to be utilized. All parties have an obligation to respect professional secrecy and to take all appropriate precautions to protect the confidentiality of the information each holds in respect of the others' activities. This legal obligation shall remain in full force and effect at all times.

Personal Information

First Name: **MIGUEL ÁNGEL**
Middle Name: **GALLARDO**
Last Name: **MACÍAS**
Gender: **H**
Date of Birth: **19/11/1965**
Social Security Number: **060059926062**

Country of Citizenship: **ESPAÑA**
Passport Number: **PAX349120**
Date of Issue: **16/07/2025** Date of Expiry:**16/07/2035**
Issuing Authority: **DGP-06085A6P1**

Home Street Address: **CL/ DEL AVELLANO, 4-H, P01 A**
City: **BADAJOZ**
State: **EXTREMADURA**
Country: **ESPAÑA**
Postal Code: **06011**
Telephone No: **+34 924 24 62 44**
Fax Number: **--**
Mobile Number: **+34 620 44 64 32**
Email Address: **gerencia@bosquesbiodiversos.com**

Languages / Translator

Languages: **ESPAÑOL**
Do you speak English? **NO**

M.A.G.M

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If No, Name of Translator:
Tel Number:
Email Address**:**

Legal Advisor
Full Name:
Company: **FIHOSSLTD/CHN**
Address:
City:
State:
Country:
Postal Code:
Telephone Number:
Email Address:

I, (**NOMBRE)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: MES/DIA/AÑO.

Signature: FIRMA

Name:
Passport Number:
Country of Issuance:
Date expiry:

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COLOCAR IMAGEN DE HOJA DE DATOS DE PASAPORTE VIGENTE

M.A.G.M.

PONER INICIALES DE FIRMA EN ESTA PAGINA _____