ANNEX No. 6
BENEFICIAL OWNERS

Bogotá D.C.
To:
INDUSTRIA MILITAR
City

The undersigned, **[*Name of the Legal Representative*]**, identified with **[*Type and number of document*]**, acting in my capacity as Legal Representative of the company **[*Company name*]**, and **[*Name of the Statutory Auditor, if the company has a statutory auditor as per the certificate of existence and legal representation, who shall also sign this certification*]**, in compliance with the provisions of Article 631-5 of Law 2155 of 2021, I declare under oath that the natural persons identified below hold the status of beneficial owners of the legal entities or of structures without legal personality or similar:

Full name	Type and number of identification	Percentage of ownership

The foregoing, in accordance with the regulations relating to the Money Laundering Risk Management System, Law 2195 of 2022, Opinion C-279 of 2025 of Colombia Compra Eficiente, and the internal guidelines of the Industria Militar – INDUMIL, under which a Beneficial Owner is understood to be any natural person who meets any of the following characteristics:

Owns, individually or jointly, directly or indirectly, an ownership interest greater than five percent (5%) of the capital stock, contribution, or participation in the legal entity.

Is a person who, despite not owning a majority interest in the capital of the legal entity, exercises control over it under the terms of Article 261 of the Commercial Code.

Is the person on whose behalf a transaction is carried out. This person is understood to be the one upon whom the economic effects of such transaction fall.

Please note that, in the event that any of your partners is a legal entity (a company), you must record the information of that company and of its partners who, in turn, hold a participation equal to or greater than 5%.

Sincerely,

Signature: _____
Legal Representative: **[*Name of the Legal Representative*]**

Identification Number: **[*Type and number of document*]**
Company NIT: **[*NIT*]**

[*If applicable*]

Signature: _____
Statutory Auditor: **[*Name of the Statutory Auditor*]**
Identification Number: **[*Type and number of document*]**
Professional Card: **[*Card number*]**
Company NIT: **[*NIT*]**