

## REQUEST FOR TAX AND PROFESSIONAL INFORMATION OF NATURAL PERSONS FOR CIVIL RECRUITMENT

### INSTRUCTIVE OF TAX INFORMATION

"In the following [Link, you](#) can download the tax information instructions"

### FORMAT OF APPLICATION OF TAX INFORMATION ON CONTRACTORS

Bogota, DC, \_\_\_\_\_ (Include date)

"I \_\_\_\_\_, (include name and surname), identified with an identity document \_\_\_\_\_ (specify if the corresponding identification document: citizenship card/immigration card/other) Number. \_\_\_\_\_, (include the document number) as a contractor of the Universidad de Los Andes, in compliance with Law 1819 of 2016 and its regulatory decrees, issued by the National Government, I allow myself to state the following:

#### A. INFORMATION FOR EFFECTS OF CLASSIFICATION TAX (information Required): Check the option that corresponds:

1. Am resident in colombia. YES \_\_\_/ NOT \_\_\_
2. I am a tax resident in Colombia (tax obligations in Colombia)  
YES \_\_\_. Please fill in point "B"  
NOT \_\_\_. Please do not fill in point "B"

#### B. INFORMATION FOR PURIFICATION PURPOSES OF THE WITHHOLDING BASE IN THEFOUNTAIN: (Deductions).

Request to the University to take into account the purification of the tax base of the withholding tax for the payment of fees for the existence of any of the following concepts: **I dialed the option that corresponds:**

1. Certificate about interests and correction monetary paid about loans for acquisition of housing: YES \_\_\_/ NOT \_\_\_\_.  
**NOTE:** For that HE have in account this deduction, he contractor has to arrive with he present format, certificate of interest paid for housing credit in the year immediately former.
2. Payments to some entity of Medicine prepaid: YES \_\_\_/ NOT \_\_\_\_.  
**NOTE:** For this deduction to be taken into account, the contractor must provide with this format, the certificate of the Payments in he year immediately former.
3. Have people dependents economically to my post: Children, parents, spouse, siblings: YES \_\_\_/ NOT \_\_\_\_

According to the present demonstration, the contractor has to deliver the documents that proves this dependence economic, according to according to the following table:

GUY OF DEDUCTION	TO WHOM APPLY	DOCUMENT TO PROVE DEDUCTION
10% of the income by concept of dependents* (*) <b>Dependents:</b> -Children minors of 18 years -Children between 18 and 23 years that HE find studying -Children between 18 and 23 years in situation of Dependence by reasons physical either Psychological Spouse, parents and siblings in dependency situation economic either by reasons physical either Psychological	Spouse, children, father and siblings	<ul style="list-style-type: none"> <li>• <b>For children under 18 years of age:</b> record civil</li> <li>• <b>For children between 18 and 23 years:</b> record civil and copy of the pay of tuition cancelled</li> <li>• <b>For spouse, parents and siblings in situation of dependence economic:</b> that have income annual lower to (260 UVT), a certificate issued by counter public.</li> <li>• <b>For children over 23 years of age, spouses, parents and siblings in situation of dependence by physical or psychological situations:</b> opinion doctor issued by medicine legal either the Companies Administrators of Health.</li> </ul>

**NOTE:** The contractor can deliver the documents in the first 5 days of each month to the email: "[contrato.civiles@uniandes.edu.co](mailto:contrato.civiles@uniandes.edu.co)".

## INDUCTION OF SAFETY AND HEALTH AT WORK

The University of the Andes, you gives the welcome to their facilities and University campus.

We make delivery of the information related with the Induction of Safety and Health at Work in which you will find the following contents:

- ✓ Policy of security and health in he job of University of the Andes.
- ✓ Regulation of Hygiene and Security Industrial.
- ✓ Classification of dangers.
- ✓ Responsibility of the workers in safety and health.
- ✓ Functions of the Joint Committee on Safety and Health at Work COPASST.
- ✓ As report: accident of job, emergencies, incidents, acts and conditions unsafe.
- ✓ Schedules and places of attention of the service doctor.
- ✓ Services that lend he area of health occupational.
- ✓ System of Attention of emergencies – SAE.

Consult the induction on safety and health at work at the following link: [Link](#)

I declare that I have read the workplace health and safety policy of the Universidad de los Andes.

**I dialed the option that corresponds:**

- YES
- NOT

## ELECTRONIC SIGNATURE

Signature electronics: Expression of NO repudiation (Electronic signature: expression of No-repudiation)  
Through this document, in my capacity as a natural person who for the effects of the civil contract acts as a contractor, manifest and declare that it is understood provided with the sole subscription of this document, which I will be the person who will sign manner electronics saying document, that my mail electronic professional, same to the that he will send the contract, is:

Mail electronic: \_\_\_\_\_

Having in account it previously raised, manifest that No I will disown neither I will question the Electronic signature of the contract of the reference, accepting of manner full and in all case the consequences legal and obligations that they come off of the same.

I declare that I have knowledge and I'm of agreement in the use of the signature electronics and I recognize that the legal effects are equal to the autograph signature.

- Yes I agree  
 No I'm of agreement

## PRE OCCUPATIONAL EXAMS

In compliance with current regulations, especially the provisions of Decree 723 of 2013 (compiled in Decree 1072 of 2015 Sole Regulatory Decree of the Labor Sector), contractors must undergo a pre-occupational medical examination which must be submitted to the University within six (6) months after the completion of the respective contract, the cost of which will be assumed by the contractor.

Remember that this examination must be carried out by doctors specialized in occupational medicine or occupational health, with a current occupational health license and will be valid for a maximum of three (3) years. The contractor must submit the corresponding certificate with this format.

If you still do not have the occupational medical certificate, remember to send it to the email: [contrato.civiles@uniandes.edu.co](mailto:contrato.civiles@uniandes.edu.co)

To facilitate obtaining this exam, contractors may consult the following [link](#), the list with some of the authorized companies (headquarters, contact information and estimated price).

- Certificate is attached  
 I will send it before signing the contract

**CONTRACTOR DATA:**

Names: \_\_\_\_\_

Surnames: \_\_\_\_\_

ID Type:

- Citizenship card  
 Foreigner ID  
 Passport  
 Special Stay Permit (PEP)

Identification number: \_\_\_\_\_

Nationality: \_\_\_\_\_

City of residence: \_\_\_\_\_

Residence address: \_\_\_\_\_

Academic training:

Undergraduate: \_\_\_\_\_

Postgraduate: \_\_\_\_\_

Card or professional registration :

YES: \_\_\_ NOT: \_\_\_ (Attach photocopy)

EPS: \_\_\_\_\_

AFP: \_\_\_\_\_

AR: \_\_\_\_\_

Phone number: \_\_\_\_\_

I declare under oath that the information provided and consigned in this statement is real and true.

\_\_\_\_\_

**Contractor Signature:**

Doc. Identification: \_\_\_\_\_