



Product Application Form

PAF3 | Dealing Services

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Platform | Investment | Bank

Product Application Form

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Please complete all relevant fields, as missing information will cause delays when processing your application.

Please Note: This form has been optimised for digital use to avoid as much paper waste as possible. Please download and save this file locally on your device that you are using and open with Adobe Acrobat.

You do not need a paid account, but you may need to configure your digital ID for signing (to do this, please follow the 'on screen' steps when using the signature option in Adobe Acrobat).

1 Applicant Details

Individual Applicant	Title <input type="text" value="Sr"/>	Second Applicant (If Applicable)	Title <input type="text"/>
Surname	<input type="text" value="Gutierrez Badilla"/>	Surname	<input type="text"/>
Forename(s)	<input type="text" value="Luis Alfonso"/>	Forename(s)	<input type="text"/>
Other/Maiden	<input type="text"/>	Other/Maiden	<input type="text"/>

Corporate Applicant (If Applicable)

Company Name

Trust Applicant (If Applicable)

Trust Name Trustees Name

2 Dealing Services Confirmation

In completing this Product Application Form, you are applying for an execution only dealing service and will become an execution only client of Capital International Limited ("CIL"). You will be subject to our Terms of Business for Investment Services and specifically sections that detail the Execution Only Service.

Attention is drawn to the fact that as an execution only client of CIL, the regulatory protections afforded to you under the Isle of Man Financial Services Act 2008 Financial Services Rulebook are less than those afforded to a client receiving advice.

Execution Only Service

Nature and Intended Purpose of Account

Kinesis Service

Execution only clients of CIL also have access to our Kinesis Service; by selecting the Kinesis Service box below, CIL will provide a dealing service in Principal Contracts issued by Capital Financial Markets Limited ("CFM"), which includes Prism Horizon Limited Liability Contracts (Prism Profiles) and other derivative contracts provided by CFM or other contract providers.

Kinesis Service

Attention is drawn to the fact that in selecting the Kinesis Service, you will be subject to additional sections in our Terms of Business for Investment Services, specifically the sections entitled 'Kinesis Rules' and 'Kinesis Risks'.

3 Charges and Commission: Please provide a tariff sheet when you return this form.

Details of charges, commissions and other fees are set out in the tariff sheet. If you do not have access to the applicable tariff sheet, please contact the Business Development Team to obtain this: businessdevelopment@capital-iom.com

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4 Investment Details Please complete all sections

4.1 Initial Investment Details

Reporting Currency Initial Investment Amount and Currency

Please indicate the origin(s) from where you are funding your account: Cash Asset Transfer Both

4.2 Cash Transfer Details

Please state the main bank details from which you are sending monies to fund your new account below:

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank.

Bank Name
Branch
Account Currency Other Branch Sort Code
Account Name
Account Number or IBAN SWIFT/BIC Code
How long has the account been open for?

I/we can confirm that these bank account details will also be used for any future cash transfers into this account.

Additional Cash Transfer Details (If Applicable)

Please state the bank details from where you are sending monies to fund your new account below:

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank.

Bank Name
Branch
Account Currency Other Branch Sort Code
Account Name
Account Number or IBAN SWIFT/BIC Code
How long has the account been open for?

I/we can confirm that these bank account details will also be used for any future cash transfers into this account.

4.3 Asset Transfer Details

Please state the company details currently holding your assets which you are transferring to fund your new account:

Value of Asset Transfer
Tick what the asset value is at time of transfer: Market Value Book Cost
Please provide details of where the Asset Transfer is coming from:
Company Name
Company Address
Contact Name Contact Number
Contact E-mail
How long has the account been open for?

NOTE: A current valuation must be sent in with this Product Application Form which states the book costs of each asset to be transferred. If the book costs are not provided for the individual assets then the current market value will be used instead.

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4 Investment Details (continued) Please complete all sections

4.4 Source of Funds

Please complete the below table to confirm how the outlined investment amount has been accumulated for the First Applicant.

Value	Currency	Source of Funds Description	Country	Time to accumulate
\$200000	USD	WORK BONUSES AND SETTLEMENTS	COSTA RICA	20 YEARS
Notes WORK BONUSES AND SETTLEMENTS				
Notes				

For Second Applicant (if Applicable)

Please complete the below table to confirm how the outlined investment amount has been accumulated for the Second Applicant.

Value	Currency	Source of Funds Description	Country	Time to accumulate
Notes				
Notes				

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5 Ongoing Investment Details

Are there any future planned receipts or withdrawals?

YES NO

If there are no planned receipts or withdrawals indicated in the fields below, a top up or withdrawal form will be required for each transaction.

Number of planned future receipts per year

4

Approx. total value and currency of yearly planned receipts

\$25.000

Number of planned future withdrawals per year

4

Approx. total value and currency of yearly planned withdrawals

\$10.000

Please complete the table below to confirm how the funds outlined above were accumulated.

Value	Currency	Source of Funds Description	Country	Time to accumulate
\$200000	USD	WORK BONUSES AND SETTLEMENTS	COSTA RICA	20 YEARS
<p>Notes The client was liquidated and rehired</p>				
<p>Notes</p>				

6 Source of Wealth

Please provide an overview of your total accumulated wealth, how it has been accumulated and over what period.

What is your total accumulated wealth?

Amount: 500.0000

Currency: USD

How is the above wealth held and how was it accumulated?

Wealth held	Country	Amount	Currency	Time to accumulate
HOUSE	COSTA RICA	\$250.000	USD	20 YEARS
<p>Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.</p>				
INVESTMENTS	COSTA RICA	\$250.000	USD	20 YEARS
<p>Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity. SAVINGS AND BONUSES OVER THE WORKING YEARS</p>				
<p>Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.</p>				
<p>Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.</p>				

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6 Source of Wealth (continued)

For Second Applicant (if Applicable)

What is your total accumulated wealth? Amount: Currency:

How is the above wealth held and how was it accumulated?

Wealth held	Country	Amount	Currency	Time to accumulate
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				

7 Intermediary Details

This section should only be completed by Intermediaries. Enter appropriate details here - avoid supplying information on separate sheets.

Intermediary/Company Name **BUILDERWM**

CIL Intermediary Number

Sub-broker Company (if applicable)

Contact Name **KATHERINE ANGULO** Telephone Number **+19362099406**

E-mail Address **kangulo@builderwm.com**

All terms must be agreed with Capital International Limited in advance.

Corporate Action Notification E-mail Address if different to above E-mail

Intermediary Declaration

Please confirm you have met with this client. YES NO

Meeting a customer is not limited to in person face to face contact. It also includes the use of visual communication mediums over the internet, such as video conferencing. A non-visual medium such as a telephone call does not qualify as meeting the customer.

Where have you obtained customer due diligence (CDD)? Direct via 3rd Party

If CDD was obtained via a third party, has the 3rd Party met with the client? YES NO

I confirm that:

- (i) I am the appointed intermediary for the above named client; and
- (ii) I have discussed the risks and suitability of this investment with my client within their overall investment portfolio; and
- (iii) The client has confirmed that they understand these risks and wish to proceed with the investment. I am not aware of any information that would lead me to believe that the client does not understand and accept these risks.

Signature

Date

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8 Investment Manager Details

This section should only be completed by the Investment Manager. Enter appropriate details here - avoid supplying information on separate sheets.

Investment Manager Company	<input type="text"/>
CIL Investment Manager No.	<input type="text"/>
Contact Name	<input type="text"/>
Telephone Number	<input type="text"/>
E-mail Address	<input type="text"/>

All terms must be agreed with Capital International Limited in advance.

Corporate Action Notification E-mail Address if different to above E-mail	<input type="text"/>
---	----------------------

Investment Manager Declaration

I confirm that:

- (i) I am the appointed regulated investment manager for the above named client; and
- (ii) I have discussed the risks and suitability of this investment with my client within their overall investment portfolio; and
- (iii) The client has confirmed that they understand these risks and wish to proceed with the investment. I am not aware of any information that would lead me to believe that the client does not understand and accept these risks.

Signature	<input type="text"/>
Date	<input type="text"/>

9 Important Notes

- Investment Managers are not authorised to make any withdrawals from your accounts which they manage unless they are also your appointed intermediary on the account. In any event withdrawals are only ever paid directly to an account in your name.
- For the avoidance of doubt Capital International Group and any of its member companies are under no liability nor have any responsibility to monitor the investment activity or advice of your Investment Manager or Intermediary.
- Capital International Group and any of its member companies accept no liability in respect of any error made by your Investment Manager or Intermediary during the course of them providing their services to you in the provision of any instruction to us in connection thereto.
- If you select our Kinesis Service, it is the responsibility of your Investment Manager or Intermediary to provide you with an Operating Memorandum, referencing a Principal Contract issued by CFM that references an index issued by CFM, prior to any investment by you under the Kinesis Service.

10 Declaration & Signatures

I/We understand that the information I/we provide on this Product Application Form, together with any additional information supplied, will be processed (where applicable) in accordance with the data protection policy for Capital International Group and any of its member companies.

By signing below, I/we confirm that I/we have received the relevant documentation and advice relating to this investment, and Terms which I/we accept. I/We declare that:

- I/We am/are 18 years of age or over.
- I/We agree that the information contained within this Product Application Form is true and accurate.
- I/We confirm I/we have read and understood **Section 9 - Important Notes** in this Product Application Form.
- I/We understand that this Product Application Form is part of my/our agreement with you.
- I/We confirm that I/we understand and agree to the Details of charges, commissions and other fees as set out in the applicable tariff sheet, as referenced in **Section 3** of this Product Application Form.
- I/We have received, read, understood and agree to be bound by the **Terms of Business - Investment Services** issued by Capital International Limited.
- I/We further confirm that, where appropriate, I/we have taken independent advice on the suitability of this investment within my/our overall investment portfolio.

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10 Declaration & Signatures (continued)

Intermediary Appointment (Where you have an Intermediary)

Unregulated Intermediaries are not permitted to have signing authority for dealing and withdrawal requests.

I/We declare that I/we have appointed:

Contact Name

Company Name

as my/our Intermediary in relation to this account, and authorise Capital International Limited to: (Please indicate as appropriate)

provide information to my/our Intermediary and any connected party.

to accept withdrawal requests from my/our Intermediary. to accept dealing instructions from my/our Intermediary.

Correspondence Options: I/We wish all correspondence and statements to be made available to my/our Intermediary.

Investment Manager Appointment (Where you have an Investment Manager)

I/we declare that I/we have appointed:

Contact Name

Company Name

in relation to this account, and authorise Capital International Limited to: (Please indicate as appropriate)

provide information to my/our Investment Manager. to accept dealing instructions from my/our Investment Manager.

Correspondence Options: I/We wish all correspondence and statements to be made available to my/our Investment Manager.

Dealing Access If you wish to appoint an individual with dealing access, please provide their;

Name

Email Address

Telephone Number

Together with certified copies of their passport and proof of their residential address (no older than 6 months).

Authority for Joint Instructions Either to sign Both to sign

Signatures of ALL Applicants

First Applicant Signature

Print Name

Date

Second Applicant Signature

Print Name

Date

Sign on behalf of the client - Mandate must be supplied

Please sign below if a client has granted you signing rights via a mandate.

First person signing on behalf of client

Print Name

Date

Second person signing on behalf of client

Print Name

Date

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Notes - If required please use the space below to provide further information.

Capital International Limited

t +44 (0) 1624 654200

IoM newbusiness@capital-iom.com

SA applications@capital-iom.com

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Regulated investment activities are carried out on behalf of Capital International Group by its licensed member companies. Capital International Limited and Capital Financial Markets Limited are licensed by the Isle of Man Financial Services Authority. Capital International Limited is a member of the London Stock Exchange. CILSA Investments (Pty) Ltd (FSP No. 44894), trading as Capital International SA, is licenced by the Financial Sector Conduct Authority in South Africa. All subsidiary companies across both jurisdictions are represented under the Capital International Group brand.

Issue Date: 05/03/2024
Ref: PAF3v9

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Due Diligence Form

DDF1 | Personal Accounts

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Due Diligence Form

DDF1 | Personal Accounts



Please complete all fields, as missing information will cause delays when processing your application.

Please Note: This form has been optimised for digital use to avoid as much paper waste as possible. Please download and save this file locally on your device that you are using and open with Adobe Acrobat.

You do not need a paid account, but you may need to configure your digital ID for signing (please follow the 'on screen' steps when using Adobe Acrobat for full details on how to do this).

1 Applicant Details

If there are more than the allocated number of applicants, then please submit a separate sheet.

First Applicant	Title Mr	Forename(s) Luis Alfonso
Surname Gutierrez Badilla	Other/Maiden Name(s)	
Date of Birth 20/07/1958	Place of Birth San Jose	
Nationality Costarricense	Other Nationalities NA	
Passport/ID No. 106320721	Country of Issue COSTA RICA	
Expiry date 02/02/2032	Occupation / prior to retirement GENERAL MANAGER	
Email alfonsogutierrez0520@hotmail.com	Employer's Name KFC COSTA RICA	
Contact No. +50688277451 Mobile	Industry FOOD	
Address San Jose Aserri Salitrillos, Sin Barrio, 150 suroeste Supermercado Pali, casa portón rojo eléctrico, rótulo familia Gutierrez Badilla	Length of employment 10 YEARS	
Postcode 10101	Annual Salary / prior to retirement \$100.000	
How long have you resided at this address? 10 years	Country of employment COSTA RICA	
Are you a Politically Exposed Person? If Yes, please provide details: No	Employer's Address SAN JOSE, SAN PEDRO, BARRIO LA CALIFORNIA, Calle 29 46s, Francisco Peralta	Postcode 10101
If applicable, what is the relationship with Second Applicant?		

Second Applicant	Title	Forename(s)
Surname		Other/Maiden Name(s)
Date of Birth		Place of Birth
Nationality		Other Nationalities
Passport/ID No.		Country of Issue
Expiry date		

Due Diligence Form

DDF1 | Personal Accounts



Second Applicant (continued)

Email

Contact No. **Please Select**

Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable.

Address

Postcode

How long have you resided at this address?

Are you a Politically Exposed Person? If Yes, please provide details:

If applicable, what is the relationship with First Applicant?

Occupation / prior to retirement

Employer's Name

Industry

Length of employment

Annual Salary / prior to retirement

Country of employment

Employer's Address

Postcode

If self employed, please provide in the box below; the nature of business, jurisdiction of business activities, country of inc/registration, annual turnover and net worth.

2 Declaration of US Citizenship or US Residence for Tax Purposes

First Applicant

Please tick either (a) or (b) or (c) and complete as appropriate.

- (a) I can confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identification number (US TIN) is as follows:

US TIN

- (b) I confirm that I was born in the US (or a US territory) but am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

- (c)** I confirm that I am not a US citizen or resident in the US for tax purposes.

Second Applicant

Please tick either (a) or (b) or (c) and complete as appropriate.

- (a) I can confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identification number (US TIN) is as follows:

US TIN

- (b) I confirm that I was born in the US (or a US territory) but am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

- (c) I confirm that I am not a US citizen or resident in the US for tax purposes.

Due Diligence Form

DDF1 | Personal Accounts



3 Declaration of Tax Residency (other than US)

I hereby confirm that I am, for tax purposes, a resident in the following country(ies) and the appropriate Tax Identification Number(s) and/or National Insurance Number (for UK purposes) is as follows:

Further information on the issuance rules for TINs and their format can be found on the OECD's Automatic Exchange Portal at <https://www.oecd.org/>

Country/Countries of Tax Residence	Tax Identification/National Insurance Number	First Applicant/Second Applicant
COSTA RICA	106320721	First Applicant
		Please Select
		Please Select
		Please Select

If a Tax Identification Number is not available, please provide a brief explanation/rationale to the reason(s) below:

4 Contact Preferences

In the case of more than one applicant, please provide the correspondence address that should be used.

NOTE:

If you require correspondence to be sent to your Financial Adviser then please complete the relevant section of the Product Application Form.

Postcode

5 Bank Account Details

Please complete this section with your banking details.

These will be used to fulfil our regulatory requirements but distributions and withdrawals can also be made directly to your bank.

Bank Name	BAC SAN JOSE		
Branch	SAN JOSE		
Account Currency	USD	Other	Branch Sort Code
Account Name	LUIS ALFONSO GUTIERREZ BADILLA		
Account Number or IBAN	CR74010200009380720974	SWIFT/BIC Code	BSNJCRSJ

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank. Please ensure your account will accept direct credit payments through the Banks Automated Clearing System. Capital International Group does not accept instructions for payments to be made to an account other than the client's own personal account. Should the quotation of account numbers and sort code, or IBAN made by the applicant prove incorrect, Capital International Group will not accept responsibility for any loss incurred by the applicant.

Due Diligence Form

DDF1 | Personal Accounts



5 Bank Account Details (continued)

Alternate Bank Details

Bank Name	<input type="text"/>		
Branch	<input type="text"/>		
Account Currency (Please indicate as appropriate)	<input type="text" value="Please Select"/>	<input type="text"/>	Branch Sort Code <input type="text"/>
Account Name	<input type="text"/>		
Account Number or IBAN	<input type="text"/>	SWIFT/BIC Code	<input type="text"/>

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank. Please ensure your account will accept direct credit payments through the Banks Automated Clearing System. Capital International Group does not accept instructions for payments to be made to an account other than the client's own personal account. Should the quotation of account numbers and sort code, or IBAN made by the applicant prove incorrect, Capital International Group will not accept responsibility for any loss incurred by the applicant.

6 Declaration You must sign and date the form below

I/We understand that the information I/we provide on this application form, and any additional information supplied, will be processed in accordance with Capital International Group's, and those of its member companies where applicable, data protection statement(s).

I/We declare that:

- I am/We are 18 years of age or over;
- I/We agree that this Due Diligence Form forms part of our agreement with you;
- I/We agree that the information contained within this application form is true and accurate;
- I/We agree to notify Capital International Group of any changes to the information provided on this form;
- I/We undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete;
- Where I am/we are legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

Unless you were introduced by an Intermediary, if you wish Capital International Group to use your personal information to tell you of other products and services which they believe may be of interest to you, then you must consent to your personal information being used in this way by putting an X in this box.

Signatures of ALL Applicants

First Applicant Signature	Second Applicant Signature
<input type="text"/>	<input type="text"/>
Print Name	Print Name
<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

Due Diligence Form

DDF1 | Personal Accounts



Sign on behalf of the client - Mandate must be supplied

First Applicant Signature

Print Name

LUIS ALFONSO GUTIERREZ BADILLA

Date (DD/MM/YYYY)

Second Applicant Signature

Print Name

Date (DD/MM/YYYY)

7 Checklist (please tick each box)

- I/We have fully completed this application form.
- I/We have signed and dated the application form.
- I/We have provided a certified copy of a valid piece of photographic ID per applicant, i.e. current passport or driving license.
- I/We have provided a certified copy of a recent piece of residential address verification per applicant, i.e. bank statement or utility bill. This can be no more than six months old.

Notes

All document certifications must be dated and accompanied by the signatories printed name, position and contact details and include the text:

"I certify this is a true copy of the original"

And in the case of photographic identification:

"I certify that this is a true copy of the original and that the photograph is a true likeness of the individual concerned"

Suitable certifiers are restricted to the following:

- Judge
- Senior Civil Servant
- Police Officer
- Customs Officer
- Actuary
- Accountant
- Banker
- Embassy
- Consulate
- Lawyer/Advocate
- Notary
- Director/Manager/Secretary of Isle of Man regulated firm

Due Diligence Form

DDF1 | Personal Accounts



Notes

Capital International Group

t +44 (0) 1624 654200 e info@capital-iom.com w capital-iom.com

Issue date: 22/12/22

DDF1v2

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REPÚBLICA DE COSTA RICA
Tribunal Supremo de Elecciones
Cédula de Identidad

1 0632 0721



1 0632 0721

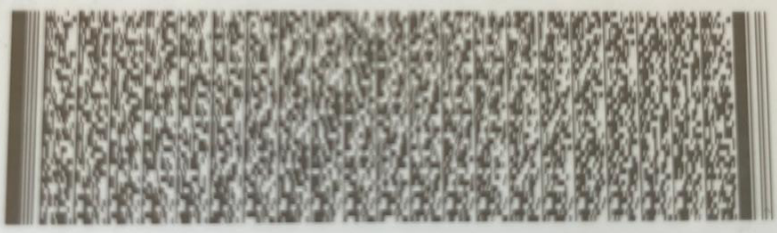


Nombre: **LUIS ALFONSO**
1° Apellido: **GUTIERREZ**
2° Apellido: **BADILLA**
C.C:



Número de Cédula: **1 0632 0721**
Fecha de Nacimiento: **20 07 1958**
Lugar de Nacimiento: **HOSPITAL CENTRAL SAN JOSE**
Nombre del Padre: **ALFONSO GUTIERREZ FLORES**
Nombre de la Madre: **ANA RITA BADILLA MONGE**
Domicilio Electoral: **VUELTA DE JORCO ASERRI SAN JOSE**
Vencimiento: **02 02 2032**

TSE



003842151



LIBERTY



LIBERTY TELECOMUNICACIONES DE COSTA RICA LY S.A.
Cédula jurídica: N° 3101610198
Centro Corp. El Cedral, SJ, CR 10203
factura.electronicacr@libertycr.com

Factura Electrónica:
N° 00100024010039856336
Condición: Contado

Fecha emisión: 3/4/2024 00:55:51
Período: 01 Mar 2024 al 31 Mar 2024
Vencimiento: 20-04-2024
Versión: V4.3
Tipo de cambio: 499.00

Cliente: Luis Alfonso Gutierrez Badilla
Identificación: 106320721

Dirección: San Jose , Aserri, Salitrillos, Sin Barrio 150mts Suroeste Supermercado Pali,
Casa Porton Rojo Electrico, Rotulo ¿ Familia Gutierrez Badilla¿

Teléfono celular: 89925896
N° cliente: 14238974

DETALLE	TOTALES
Cargos:	
Renta	₡9,646.02
Otros	₡0.00
Subtotal facturado antes de impuestos:	₡9,646.02
Impuestos:	
Impuesto valor agregado (IVA)	₡1,253.98
Otros cargos:	
Servicio 911 0,75%	₡72.35
Impuesto cruz roja 1%	₡96.46
Total facturación mes actual:	₡11,068.81

FINANCIAMIENTO	
Cuota financiamiento celular:	₡0.00
Total a pagar:	₡11,068.81

¡PAGA A TIEMPO TU FACTURA!

Sé uno de los ganadores al pagar tu factura antes de la fecha de vencimiento y participá por:

Ver condiciones en libertycr.com

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L50M8-A2LA

XIAOMI 13T
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