



## **ANEXO BASES DEL PROGRAMA DERMOCOSMÉTICA NACIONAL**

En la ciudad de Santiago, Región Metropolitana, Chile, a 30 de octubre de 2024, comparece **FARMACIAS CRUZ VERDE SpA**, sociedad del giro de su denominación, rol único tributario N°89.807.200-2, en adelante también e indistintamente "**CRUZ VERDE**" o "**FCV**", representada por don **Sergio Sapaj Sabaj**, cédula nacional de identidad número 13.980.366-3, y don **José Manuel Romero Leiva**, cédula nacional de identidad número 11.978.843-9, todos domiciliados para estos efectos en Avenida El Salto N°4875, comuna de Huechuraba, vienen a establecer el siguiente Anexo, que modifica vigencia y condiciones del "**PROGRAMA DERMOCOSMÉTICA NACIONAL**", en adelante indistintamente el "Programa" o "Programa Dermocosmética" sin perjuicio de los documentos que se publiquen en el futuro con el objeto de aclarar, complementar y/o modificar este documento:

### **PRIMERO: ANTECEDENTES.**

Con fecha 19 de octubre del año 2021, se estableció y reguló el "**PROGRAMA DERMOCOSMÉTICA NACIONAL**". El mencionado Programa tiene por finalidad otorgar beneficios a nuestros Clientes inscritos o aquellos que se inscriban en el Programa de fidelización denominado "Club Cruz Verde", en adelante, e indistintamente "El Club", y, que se inscriban además en el Programa Dermocosmética.

### **SEGUNDO: MODIFICACIÓN.**

Por este acto los comparecientes en su calidad de representantes legales de Farmacias Cruz Verde, vienen en modificar y reemplazar la cláusula quinta de las Bases del "Programa Dermocosmética Nacional" del Club Cruz Verde, en el sentido que se indica a continuación: "Vigencia y Cobertura. El Programa Dermocosmética y cada uno de los beneficios ofrecidos, estarán vigentes hasta el 30 de noviembre del 2024, inclusive, en las condiciones descritas en el Programa, en los locales de la cadena Farmacias Cruz Verde en Chile, teniendo presente lo indicado en el punto 2.6., y, salvo los locales de farmacias que, por situaciones contingentes y atribuibles a motivos de fuerza mayor o caso fortuito no tengan acceso temporal a los sistemas de registro y plataformas computacionales para la correcta ejecución del Programa Dermocosmética. Sin perjuicio de lo anterior, Farmacias Cruz Verde, de manera unilateral y a su exclusivo arbitrio podrá poner término o prorrogar la vigencia del presente Programa por el tiempo que estime conveniente, debiendo difundir adecuadamente estas circunstancias por los medios que estime pertinentes."

**TERCERO:** Farmacias Cruz Verde, se reserva el derecho de modificar este instrumento en forma total o parcial, difundiendo estas modificaciones al público en general con la debida antelación. Se establece que, los medios de anuncio e información que utilizará FCV para estos efectos, del Programa Dermocosmética, serán las comunicaciones o



gráficas publicitarias en los locales de farmacia, sin perjuicio de las comunicaciones que dirijan vía correo electrónico a los socios del Club, comunicados vía sitio web y las comunicaciones de alcance general que estime utilizar en caso de modificaciones, complementos y/o términos del Programa, ya sea mediante insertos en sitios web, comunicaciones en algún diario de circulación nacional, medios digitales u otras. Los socios del Club podrán obtener información acerca del Programa en el sitio web, puntos de venta de los locales de farmacia o mediante los mecanismos que actualmente o en el futuro FCV implemente para estos fines.

#### **CUARTO: EFECTOS.**

Se hace presente que las bases individualizadas en la cláusula primera y su posterior modificación se mantendrán vigentes en todo lo no modificado por este instrumento.

#### **QUINTO: PERSONERÍAS.**

La personería de don Sergio Sapaj y don José Manuel Romero Leiva para actuar en representación de **FARMACIAS CRUZ VERDE SpA**, consta en escritura pública de fecha 11 de septiembre de 2024 otorgada en la Notaria de Santiago de don Eduardo Diez Morello.

Firmado por:  
*Sergio Sapaj Sabaj*  
8800DC1C8435414...

DocuSigned by:  
*José Romero Leiva*  
C06CAEFAE069459...

**Certificado de finalización**

Identificador del sobre: 7C4B17D254B34E19A2034B63CCDC7523

Estado: Completado

Asunto: Complete con DocuSign: 241030 Anexo Programa Dermocosmética.pdf

Tipo de contrato:

Sobre de origen:

Páginas del documento: 2

Firmas: 2

Autor del sobre:

Páginas del certificado: 5

Iniciales: 0

Joice Atal Quiroz

Firma guiada: Activado

Av. El Salto 4875

Sello del identificador del sobre: Activado

Region Metropolitana, Santiago 8580668

Zona horaria: (UTC-04:00) Santiago

joice.atal@femsasalud.com

Dirección IP: 186.67.102.170

**Seguimiento de registro**

Estado: Original

Titular: Joice Atal Quiroz

Ubicación: DocuSign

07/11/2024 11:08:15

joice.atal@femsasalud.com

**Eventos de firmante****Firma****Fecha y hora**

José Romero Leiva

DocuSigned by:

José Romero Leiva

Enviado: 07/11/2024 11:09:04

jose.romero@femsasalud.com

C06CAEFAE069459...

Visto: 07/11/2024 14:27:42

Gerente de Adm. y Tesorería

Firmado: 07/11/2024 14:27:51

Nivel de seguridad: Correo electrónico,  
Autenticación de cuenta (ninguna)

Adopción de firma: Estilo preseleccionado

Utilizando dirección IP: 186.67.102.170

**Divulgación de firma y Registro electrónicos:**

Aceptado: 26/06/2024 11:22:58

ID: 52f54d66-03fe-4038-9560-093b22b583c4

Sergio Sapaj Sabaj

Firmado por:

Sergio Sapaj Sabaj

Enviado: 07/11/2024 11:09:03

sergio.sapaj@femsasalud.com

8800DC1C8435414...

Visto: 07/11/2024 18:39:08

Director General Chile Femsal Salud

Firmado: 07/11/2024 18:39:17

Nivel de seguridad: Correo electrónico,  
Autenticación de cuenta (ninguna)

Adopción de firma: Estilo preseleccionado

Utilizando dirección IP: 157.167.18.180

**Divulgación de firma y Registro electrónicos:**

Aceptado: 07/11/2024 18:39:08

ID: a97d87cb-f8f4-46c1-8819-a5768e155ca7

**Eventos de firmante en persona****Firma****Fecha y hora****Eventos de entrega al editor****Estado****Fecha y hora****Eventos de entrega al agente****Estado****Fecha y hora****Eventos de entrega al intermediario****Estado****Fecha y hora****Eventos de entrega certificada****Estado****Fecha y hora****Eventos de copia de carbón****Estado****Fecha y hora****Eventos del testigo****Firma****Fecha y hora****Eventos de notario****Firma****Fecha y hora****Resumen de eventos del sobre****Estado****Marcas de tiempo**

Sobre enviado

Con hash/cifrado

07/11/2024 11:09:04

<b>Resumen de eventos del sobre</b>	<b>Estado</b>	<b>Marcas de tiempo</b>
Certificado entregado	Seguridad comprobada	07/11/2024 18:39:08
Firma completada	Seguridad comprobada	07/11/2024 18:39:17
Completado	Seguridad comprobada	07/11/2024 18:39:17

<b>Eventos del pago</b>	<b>Estado</b>	<b>Marcas de tiempo</b>
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**Divulgación de firma y Registro electrónicos**

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