

| DATOS GENERALES DEL APORTANTE | | | | | | | | |
|-------------------------------|----|---------------------------|-----------------|--------------------|------------------------|---------------------|----------|-----------------------|
| Identificación | dv | Razon Social | Clase Aportante | Sucursal Principal | Direccion | Ciudad-Departamento | Teléfono | Exonerado SENA e ICBF |
| CC 31568090 | | OVALLE CANO DERLY JOHANNA | INDEPENDIENTE | PRINCIPAL | CALLE 105 N 27 D - 137 | CALI-VALLE | 4483207 | No |

| DATOS GENERALES DE LA LIQUIDACION | | | | | | | | | |
|-----------------------------------|---------|------------|------------|----------|------------|------------|-----------------|-----------|-----------|
| Periodo | | Clave | | Tipo | Fecha | | Pago | | |
| Pensión | Salud | Pago | Planilla | Planilla | Limite | Pago | Banco | Días Mora | Valor |
| 2025-05 | 2025-05 | 1445287018 | 9485491422 | I | 2025/06/24 | 2025/04/30 | BANCO DE BOGOTA | 0 | \$413,300 |

| LIQUIDACION DETALLADA DE APORTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------|----------|--------------|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|------|-------------|-------------|-----------|------|-------------|-------------|-----------|------|-----|--------|---------|------|-------------|---------|--------------|------|-----|-----------|-----------------------|---------------|
| EMPLEADO | | | NOVEDADES | | | | | | | | | | | | | | | | | PENSION | | | | SALUD | | | | CCF | | | | RIESGOS | | | | PARAFISCALES | | | | | |
| No. | Identificación | Nombre | ing | ret | de | tae | tdp | tap | vsp | cor | vst | sln | lge | lma | vac | avp | vct | irl | vip | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Tarifa | Aporte | Dias | IBC | Aporte | Exonerado SENA e ICBF | Total Aportes |
| SUCURSAL: PRINCIPAL (1 Afiliados) | | | | | | | | | | | | | | | | | | | | | | | \$1,423,500 | \$227,800 | | | \$1,423,500 | \$178,000 | | | \$0 | \$0 | | \$1,423,500 | \$7,500 | \$0 | \$0 | | \$413,300 | | |
| Centro de Trabajo: PRINCIPAL (1 Afiliados) | | | | | | | | | | | | | | | | | | | | | | | \$1,423,500 | \$227,800 | | | \$1,423,500 | \$178,000 | | | \$0 | \$0 | | \$1,423,500 | \$7,500 | \$0 | \$0 | | \$413,300 | | |
| Ciudad: CALI Depto: VALLE (1 Afiliados) | | | | | | | | | | | | | | | | | | | | | | | \$1,423,500 | \$227,800 | | | \$1,423,500 | \$178,000 | | | \$0 | \$0 | | \$1,423,500 | \$7,500 | \$0 | \$0 | | \$413,300 | | |
| 1 | CC | 31568090 | OVALLE DERLY | | | | | | | | | | | | | | | | | 230301 | 30 | \$1,423,500 | \$227,800 | EPS002 | 30 | \$1,423,500 | \$178,000 | | 0 | \$0 | \$0 | 14-23 | 30 | \$1,423,500 | 0.522% | \$7,500 | 0 | \$0 | \$0 | No | \$413,300 |
| Total Afiliados(1) | | | | | | | | | | | | | | | | | | | | | | | \$1,423,500 | \$227,800 | | | \$1,423,500 | \$178,000 | | | \$0 | \$0 | | \$1,423,500 | \$7,500 | \$0 | \$0 | | \$413,300 | | |

| DATOS GENERALES DEL APORTANTE | | | | | | | | |
|-------------------------------|----|---------------------------|-----------------|--------------------|------------------------|---------------------|----------|-----------------------|
| Identificación | dv | Razon Social | Clase Aportante | Sucursal Principal | Direccion | Ciudad-Departamento | Teléfono | Exonerado SENA e ICBF |
| CC 31568090 | | OVALLE CANO DERLY JOHANNA | INDEPENDIENTE | PRINCIPAL | CALLE 105 N 27 D - 137 | CALI-VALLE | 4483207 | No |

| DATOS GENERALES DE LA LIQUIDACION | | | | | | | | | |
|-----------------------------------|---------|------------|------------|----------|------------|------------|-----------------|-----------|-----------|
| Periodo | | Clave | | Tipo | Fecha | | Pago | | |
| Pensión | Salud | Pago | Planilla | Planilla | Limite | Pago | Banco | Dias Mora | Valor |
| 2025-05 | 2025-05 | 1445287018 | 9485491422 | I | 2025/06/24 | 2025/04/30 | BANCO DE BOGOTA | 0 | \$413,300 |

| RESUMEN DE PAGO | | | | | | | | | |
|------------------------------|--------|--|-------------|----|-----------|-----------------|----------------|------------------------|---------------|
| RIESGO | CODIGO | | NIT | DV | AFILIADOS | VALOR LIQUIDADO | INTERESES MORA | SALDOS E INCAPACIDADES | VALOR A PAGAR |
| AFP (ADMINISTRADORAS: 1) | | | | | 1 | \$227,800 | \$0 | \$0 | \$227,800 |
| PORVENIR | 230301 | | 800,224,808 | 8 | 1 | \$227,800 | \$0 | \$0 | \$227,800 |
| ARL (ADMINISTRADORAS: 1) | | | | | 1 | \$7,500 | \$0 | \$0 | \$7,500 |
| POSITIVA COMPAÑIA DE SEGUROS | 14-23 | | 860,011,153 | 6 | 1 | \$7,500 | \$0 | \$0 | \$7,500 |
| EPS (ADMINISTRADORAS: 1) | | | | | 1 | \$178,000 | \$0 | \$0 | \$178,000 |
| SALUD TOTAL | EPS002 | | 800,130,907 | 4 | 1 | \$178,000 | \$0 | \$0 | \$178,000 |
| TOTAL | | | | | 1 | \$413,300 | \$0 | \$0 | \$413,300 |

Pago exitoso

Número de autorización 626202

Miércoles, 30 de abril de 2025, 1:06:34 p. m.

Detalle

\$413.300

Valor Pagado

IVA incluido: \$0

Pago a: APORTES EN LINEA

Débito desde: Cuenta de Ahorros *2869

Descripción: Pago de la Planilla de aportes
con clave: 9485491422

Fecha y hora inicio transacción 2025-04-30 13:05:34

NIT del comercio 9999001472382

Número de factura 9485491422

Código Único de Seguimiento 1445287018

Dirección IP: 200.29.103.78

Referencia 1: 192.168.12.180

Referencia 2: CC

Referencia 3: 31568090