

# KNOW YOUR CUSTOMER FORM MEXICAN INDIVIDUAL



\*Date Received

DAY                      MONTH                      YEAR

\*Location:       Office       Home       Other

\*Required

*Mexican tax id (with suffix code)	<input style="width: 95%; height: 20px;" type="text"/>	*Date of birth	<input style="width: 95%; height: 20px;" type="text"/>	*Country of birth	<input style="width: 95%; height: 20px;" type="text"/>
*Occupation or Profession	<input style="width: 95%; height: 20px;" type="text"/>	*Nationality	<input style="width: 95%; height: 20px;" type="text"/>	*State of birth (place)	<input style="width: 95%; height: 20px;" type="text"/>

\*Customer Name

	Given Name(s)	Paternal Surname	Maternal Surname
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\*Address

	Home								
	Mailing								
		Street	No.	Apt. No.					
	Colonia or Development	District or City	State	Zip/Postal Code					

*Profession	*Type of Business	*Place of Residence	Email
*Mexican identity code (CURP)	*Mobile No.	*Phone (Home/Office)	Electronic Signature Serial Number (FIEL),

Do you currently hold or have you held public office? (PEP: Personally Exposed Person)      YES      NO       Office held       Year(s) in office

Do you have a partner or relative who is a politically exposed person?      YES      NO      Relationship

### RESOURCE PROVIDER (RP)

If this operation is being conducted via a third party, provide the following information:      Is this a politically exposed person (PEP)?  
YES      NO

Name

	Given Name(s)	Paternal Surname	Maternal Surname
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Country of birth       State of birth (place)

Date of birth       Relationship       Nationality

Home address

	Street	No.	Apt. No.
Colonia or Development	District or City	State	Zip/Postal Code
Occupation	Profession	Type of Business	Email
Mobile	Phone (Home/Office)	Mexican Tax Id (RFC)	Electronic Signature Serial Number (FIEL),

Mexican Identity Code (CURP):

**"Resource Provider**, the person who, without being the Customer on an Operation with an investment saving component, provides the resources without obtaining the financial benefits resulting from the Operation."

**BENEFICIARY****Name**

Given Name(s)

Paternal Surname

Maternal Surname

Country of birth

State of birth (place)

Date of birth

Relationship

Nationality

Address

Street

No.

Apt. No.

Colonia or Development

District or City

State

Zip/Postal Code

Occupation

Profession

Type of Business

Email

Mobile

Phone (Home/Office)

Mexican Tax Id (RFC)

Electronic Signature Serial Number (FIEL),

Mexican Identity Code (CURP):

**ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION (VERIFIED COPIES)**

LEGIBLE &amp; VALID

Insured or  
Contracting Party

RP

Beneficiary

Mexican Tax Id (with suffix code)

Mexican Identity Code (CURP)

Valid government-issued id (both sides)

Proof of address (dated no more than 3 months  
prior)

Advanced Electronic Signature registry certificate

Not required if this code appears on another  
official documentMexican Voter Card (IFE/INE), Passport,  
Professional License, Military Id

Power, Water or Phone Bill, Bank Statement

**AGENT:**

I affirm that prior to signing the contract, I, the insurance agent, personally met with the customer or their representative to collect the respective information and identifications, and also that the information noted on this form is true and accurate, and that the documents the customer provided to me were checked against the originals, in accordance with Art. 492 of the Mexican Insurance and Surety Bond Company Law (*Ley de Instituciones de Seguros y de Fianzas*), which Seguros Atlas, S.A. may corroborate as deemed necessary.

**CUSTOMER/CONTRACTING PARTY:**

I affirm that prior to signing the contract, I, the customer/contracting party (or representative) personally met with the insurance agent and that the information noted in this document is true and accurate, and that the documents provided are true to their originals, which Seguros Atlas, S.A. may corroborate at their discretion.

**CONSENT**

In accordance with the Mexican Data Protection Law (*Ley Federal de Protección de Datos Personales en Posesión de los Particulares*), I hereby authorize Seguros Atlas, S.A. to treat and, where necessary, share my personal, sensitive and financial information for all purposes related to our legal relationship and also for those purposes outlined in the Privacy Notice, the content of which is known to me having been provided to me in advance.

If I have provided personal, sensitive or financial information for another person, I acknowledge my obligation to inform such other persons that I have provided their information to Seguros Atlas, S.A. and to inform them of where they can consult the Privacy Notice in reference.

\_\_\_\_\_  
**CUSTOMER NAME AND SIGNATURE  
 (REQUIRED)**

\_\_\_\_\_  
**INSURANCE AGENT NAME AND SIGNATURE  
 (REQUIRED)**

**PRIVACY NOTICE**

In compliance with the Mexican Data Protection Law, Seguros Atlas, S.A. (Seguros Atlas) with address at Paseo de los Tamarindos No. 60-PB, Col. Bosques de las Lomas, 05120 México, D.F. Ph.: (55)9177-50-00, informs you that the general and sensitive personal information you have provided will be treated to assess your application for insurance and risk selection, and as such is the case, to draft the insurance contract, process claims payments, for the administration, maintenance and renewal of the insurance policy, the prevention of fraud and illicit transactions, for statistical purposes, and for all purposes related to the fulfillment of our obligations, as required by the contract, the Mexican Insurance Contract Law (*Ley sobre el Contrato de Seguro*) and other applicable legislation.

**For more information, visit our website [www.segurosatlas.com.mx](http://www.segurosatlas.com.mx) where you will find our complete Privacy Notice and the mechanisms for exercising your personal data rights ('ARCO').**