

Know your customer form NON-MEXICAN ENTITY

*DATE RECEIVED			
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CUSTOMER DETAILS

*NAME / BUSINESS NAME		NATIONALITY	
*MEXICAN TAX ID NUMBER (WITH SUFFIX CODE) or equivalent tax number in the country of origin		LOCATION:	

*ADDRESS (OVERSEAS)				
	*STREET	*NUMBER	*SUITE NUMBER	*ZIP/POSTAL CODE
	*COLONIA	*DISTRICT (OR EQUIVALENT IN THE COUNTRY OF ORIGIN)	*CITY/MUNICIPALITY (OR EQUIVALENT IN THE COUNTRY OF ORIGIN)	*STATE (OR EQUIVALENT IN THE COUNTRY OF ORIGIN)

*ADDRESS (MEXICO)				
	*STREET	*NUMBER	*SUITE NUMBER	*ZIP/POSTAL CODE
	*COLONIA	*DISTRICT	*CITY/MUNICIPALITY	*STATE

*CONTACT INFORMATION			
	*PHONE 1	PHONE 2 (OFFICE, MOBILE)	*EMAIL

*GENERAL INFORMATION			
	*TYPE OF BUSINESS (SPECIFY)		COUNTRY WHERE INCORPORATED
	RESIDENT IN MEXICO? (REPRESENTATIVE OFFICE OR LOCAL AFFILIATE) YES/NO	DATE OF INCORPORATION	REGISTRY NUMBER (COMMERCIAL FOLIO NUMBER, ENTITY NUMBER, OR EQUIVALENT IN THE COUNTRY OF ORIGIN)
	ELECTRONIC SIGNATURE CERTIFICATE NUMBER (FIEL/FEA)	SOLE ADMINISTRATOR / CEO / LEGAL REPRESENTATIVE OR EQUIVALENT PER LOCAL LEGISLATION (NAME OF THE PERSON SIGNING THE FORM)	
	BANK ACCOUNT NUMBER AND MEXICAN STANDARDIZED ACCOUNT CODE (CLABE) (WHEN THE OPERATION IS NOT CONDUCTED IN PERSON)		

Are any partners, shareholders, the CEO or any senior management a Politically Exposed Person (PEP) or related to a Politically Exposed Person (PEP)?

Name of the Shareholder or Management related to a PEP	PEP Name	Public Office	Relationship

BENEFICIARY

*NAME / BUSINESS NAME					
*MEXICAN TAX ID NUMBER (WITH SUFFIX CODE)			*NATIONALITY		LOCATION:
*ADDRESS	*STREET	*NUMBER	*SUITE NUMBER	*ZIP/POSTAL CODE	
	*COLONIA	*DISTRICT	*CITY/MUNICIPALITY	*STATE	
	*PHONE 1	PHONE 2	*EMAIL		
*GENERAL INFORMATION	*TYPE OF BUSINESS (SPECIFY)	DATE OF INCORPORATION	REGISTRY NUMBER (COMMERCIAL FOLIO NUMBER, ENTITY NUMBER, ETC.)		
	ELECTRONIC SIGNATURE SERIAL NUMBER (FIEL)	SOLE ADMINISTRATOR / CEO / LEGAL REPRESENTATIVE			
	BANK ACCOUNT NUMBER AND MEXICAN STANDARDIZED ACCOUNT CODE (CLABE) (WHEN THE OPERATION IS NOT CONDUCTED IN PERSON)				

RESOURCE PROVIDER

*NAME / BUSINESS NAME					
*MEXICAN TAX ID NUMBER (WITH SUFFIX CODE)			*NATIONALITY		
*ADDRESS	*STREET	*NUMBER	*SUITE NUMBER	*ZIP/POSTAL CODE	
	*COLONIA	*DISTRICT	*CITY/MUNICIPALITY	*STATE	
	*TYPE OF BUSINESS (SPECIFY)	FIEL DIGITAL CERTIFICATE SERIAL NUMBER			

DOCUMENTS REQUIRED: (MARK WITH AN 'X')	CUSTOMER	BENEFICIARY
Articles of Incorporation , certified copy that accredits the legal establishment of the business or any document that contains the incorporation of the business, or the appropriate document for the type of entity in the country of origin accrediting its creation.		
Certificate of filing in the public business registry or equivalent in the country of origin , or the appropriate document for the type of entity accrediting its registry.		
Mexican tax id (RFC) - Tax identification certificate or equivalent in the country of origin.		
Advanced Electronic Signature certificate, where applicable		
Proof of address (for the address given on this form, dated no more than 3 months prior)		
Government-issued identification of the administrator, CEO or representative (person signing the form)		
Certified copy of the notarized document that contains the powers of attorney of the legal representative(s), when these powers and authorities are not contained in the document that accredits the legal establishment of the entity in question (person signing this form)		

PROVIDE THE FOLLOWING FOR ALL MAJOR SHAREHOLDERS:

NAME (OR BUSINESS NAME IN THE CASE OF ENTITIES)	NATIONALITY	% INTEREST (% shares)

NAME(S) OF THE ACTUAL OWNER(S)

"Actual Owner, the person who, while not the Customer or the Beneficiary, through another person or mechanism enjoys the benefits of a contract, operation or transaction entered into with the Insurance or Mutual Insurance Company, and who exercises the rights on the use, enjoyment or allocation of resources, as the true owner of the resources. This also includes the persons holding control of an entity (25% of the shareholder capital/shares, minimum) and, where such is the case, persons with the authority to instruct or decide the actions that may be taken through Trusts, agents or commissions."

* Attach information forms for each Actual Owner

INFORMATION AND DOCUMENTS FOR CUSTOMERS WITH A RISK RATING OTHER THAN LOW: (May be requested at a later date)	
Organizational chart for the entity indicating, at least, the full names and positions of the persons in the roles at the top two levels of the organization, as well as the full names and positions of all board members, or equivalent.	
Identification of the person that holds control.	
Electronic Signature or Advanced Electronic Signature of the legal representative (when the operation is not conducted in person)	

Organizational structure. *Indicating, at least, the full names and positions of the persons in the roles at the top two levels of the organization, as well as the full names and positions of all board members, or equivalent.

NAME	POSITION	NATIONALITY

I affirm that prior to signing the contract, I, the insurance agent, personally met with the customer or their legal 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.

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.

Legal representative for the 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 where you will find our complete Privacy Notice and the mechanisms for exercising your personal data rights ('ARCO').

ACTUAL OWNER (ANNEX)

*NAME		NATIONALITY	
*MEXICAN TAX ID NUMBER (WITH SUFFIX CODE) or equivalent tax number in the country of origin		LOCATION: (COUNTRY)	

*ADDRESS				
	*STREET	*NUMBER	*SUITE NUMBER	*ZIP/POSTAL CODE
	*COLONIA	*DISTRICT (OR EQUIVALENT IN THE COUNTRY OF ORIGIN)	*CITY/MUNICIPALITY (OR EQUIVALENT IN THE COUNTRY OF ORIGIN)	*STATE (OR EQUIVALENT IN THE COUNTRY OF ORIGIN)
*CONTACT INFORMATION				
	*PHONE 1	PHONE 2 (OFFICE/MOBILE)	*EMAIL	
*GENERAL INFORMATION				
	*OCCUPATION OR BUSINESS (SPECIFY)		COUNTRY OF BIRTH	
	ELECTRONIC SIGNATURE CERTIFICATE NUMBER (FIEL/FEA)			

Is the Actual Owner a Politically Exposed Person (PEP) or related to a Politically Exposed Person (PEP) (by blood or by marriage to the second degree)?

PEP Name	Public Office	Relationship

"In addition to this annex, provide the following documents for the Actual Owner:

- * Valid government-issued identification
- * Proof of address
- * Mexican personal identity number ('CURP') issued by the Ministry of the Interior (*Secretaría de Gobernación*), where applicable
- * Tax Identification certificate issued by the Mexican Tax Office (*Servicio de Administración Tributaria*), where applicable, or a foreign tax identification certificate issued by the corresponding authority.
- * Advanced Electronic Signature certificate, where applicable."

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