

COURTESY TRANSLATED DOCUMENT. FOR REFERENCE PURPOSES ONLY. PLEASE USE THE SPANISH VERSION.

PROCEDURE TYPE: INITIAL RENEWAL POLICY NUMERAL DATE: DD MM YY

GENERAL DATA OF THE CONTRACTING PARTY

NAME OR CORPORATE NAME:

COMMERCIAL ACTIVITY, ACTIVITY OR CORPORATE PURPOSE: NATIONALITY:

RFC OR TAX ID NUMBER AND/ OR EQUIVALENT AND COUNTRY WHICH ASSIGNED IT:

CERTIFICATE NUMBER OF ADVANCED ELECTRONIC SIGNATURE (IF APPLICABLE): DATE OF INCORPORATION: DD MM YY

MERCANTILE FOLIO: PHONE No.: E-MAIL:

FULL NAME OF LEGAL REPRESENTATIVE (PATERNAL LAST NAME, MATERNAL LAST NAME AND NAME):

ADDRESS IN NATIONAL TERRITORY

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

ADDRESS ABROAD

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

STATE: CITY OR TOWN:

ZIP CODE: COUNTRY:

POLITICALLY EXPOSED PERSON

THE PARTNERS OR SHAREHOLDERS, MEMBERS OF THE BOARD, SOLE ADMINISTRATOR HAVE PERFORMED OUTSTANDING PUBLIC FUNCTIONS IN MEXICO OR ABROAD? YES NO

IF THE ANSWER TO THE ABOVE QUESTION IS YES, FILL THE "ADDITIONAL INFORMATION" SECTION.

GENEAL DATA OF THE BENEFICIARY (IES)

BENEFICIARY 1 TYPE OF PERSON: INDIVIDUAL LEGAL ENTITY

FULL NAME / NAME OR CORPORATE NAME:

DATE OF BIRTH / DATE OF INCORPORATION:

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

BENEFICIARY 2 TYPE OF PERSON: INDIVIDUAL LEGAL ENTITY

FULL NAME / NAME OR CORPORATE NAME:

DATE OF BIRTH / DATE OF INCORPORATION:

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

ADDITIONAL INFORMATION

THE MANAGEMENT OF THIS COMPANY IS CONDUCTED THROUGH: SOLE ADMINISTRATOR BOARD OF DIRECTORS

a. INFORMATION ON CORPORATE STRUCTURE

Write the following Information regarding the General Manager of the Legal Entity as well as individuals with hierarchy immediate to General Manager:

DATA	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
POSITION OR TITLE:						
PATERNAL LAST NAME:						
MATERNAL LAST NAME:						
NAME (S):						
NATIONALITY:						
DATE OF BIRTH:						

b. INFORMATION ON SHAREHOLDING STRUCTURE (ACTUAL OWNERS)

Shareholders who, directly or indirectly, have over 25% of the shareholding of the company.

DATA	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
PATERNAL LAST NAME:						
MATERNAL LAST NAME:						
NAME (S):						
NATIONALITY:						
DATE OF BIRTH:						
SHAREHOLDING PERCENTAGE:						

c. INFORMATION ON THE MANAGEMENT

Write the following information regarding the members of the Board of Directors or, if applicable, of the Sole Administrator:

DATA	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
POSITION OR TITLE:						
PATERNAL LAST NAME:						
MATERNAL LAST NAME:						
NAME (S):						
NATIONALITY:						
POSITION:						

SUBMISSION AND VALIDATION OF DOCUMENTS

YES	NO	NATIONAL LEGAL ENTITY DOCUMENTS	YES	NO	DOCUMENTOS PERSONA MORAL EXTRANJERA
<input type="checkbox"/>	<input type="checkbox"/>	Instrument evidencing the data of its incorporation and registry before the corresponding public registry.	<input type="checkbox"/>	<input type="checkbox"/>	Document irrefutably evidencing its legal existence.
<input type="checkbox"/>	<input type="checkbox"/>	Tax ID Certificate.	<input type="checkbox"/>	<input type="checkbox"/>	Document evidencing the allocation of the tax identification number <i>and/or</i> equivalent issued by a competent authority.
<input type="checkbox"/>	<input type="checkbox"/>	Powers of attorney of the legal representative and personal ID (VALID WITH PHOTOGRAPH).	<input type="checkbox"/>	<input type="checkbox"/>	Proof of address, not older than 3 months.
<input type="checkbox"/>	<input type="checkbox"/>	Proof of address, not older than 3 months.	<input type="checkbox"/>	<input type="checkbox"/>	Document enabling knowledge of shareholding structure or corporate shares, as applicable.
<input type="checkbox"/>	<input type="checkbox"/>	Document enabling knowledge of its shareholding structure or corporate shares, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	Identification of shareholders or partners. (VALID WITH PHOTOGRAPH).
<input type="checkbox"/>	<input type="checkbox"/>	Internal Corporate Structure <i>and/or</i> Organizational Chart.	<input type="checkbox"/>	<input type="checkbox"/>	Powers of attorney of the legal representative and its personal ID.
<input type="checkbox"/>	<input type="checkbox"/>	Identification of the individual who exercises Control. (THROUGH SHAREHOLDING <i>AND/OR</i> WHO HAS THE CAPACITY TO MAKE DECISIONS AT THE GENERAL SHAREHOLDERS OR PARTNERS MEETING OR THE CORPORATE GOVERNMENT BODY).	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Identification of the shareholders of partners (VALID WITH PHOTOGRAPH).			

“Qualitas Compañía de Seguros, S.A. de C.V., with address at Av. San Jerónimo número 478, Col. Jardines del Pedregal, Alcaldía Álvaro Obregón, Mexico City, C.P. 01900, will process your Personal Data in accordance with the following purposes: evaluate your insurance application and risk selection, if applicable, issue the insurance contract, process claims, administration, maintenance or renewal of the insurance policy, make payments, as well as the purposes related to the fulfillment of our obligations derived from the Insurance Contract Law and the applicable regulations, the Comprehensive Privacy Notice is available at www.qualitas.com.mx”.

“I declare under oath that the information provided in this form is reliable and that I am acting on behalf of my principal, and I authorize the Institution to corroborate it as it deems convenient.”

FULL NAME OF THE LEGAL REPRESENTATIVE

SIGNATURE OF THE LEGAL REPRESENTATIVE

“I HEREBY CERTIFY THAT I CONDUCTED A PERSONAL INTERVIEW WITH THE POLICYHOLDER OR ITS LEGAL REPRESENTATIVE IN ORDER TO OBTAIN THE INFORMATION STATED HEREIN AND, LIKEWISE, I HAD BEFORE ME THE ORIGINALS OF THE IDENTIFICATION DOCUMENTS MENTIONED ABOVE”.

NAME AND SIGNATURE OF THE RESPONSIBLE PARTY