Zurich Aseguradora Mexicana S.A. de C.V. KNOW YOU CUSTOMER FORM - Art. 492₁ LISF.



LINE OF BUSINESS	INTERMEDIARY AND RESPONSABLE	SHEET

LEGAL ENTITY			
	INSURED GENERAL DATA /	NATIONAL AND FOREIGN LEGAL ENTITY	
1 COMPANY NAME / LEGAL NAME	:		
2 LINE OF BUSINESS, ACTIVITY (DR CORPORATE PURPOSE:		
3 TAX ID NUMBER:			
4 FULL ADDRESS:			
5 THE LEGAL REPRESENTATIVE C		KT. NUMBER, INT. NUMBER, CITY, COUNTRY ZIP CODE	
IS A US RESIDENT OR US TERRITOR' RESIDENT?	Y YES NO ASSOCIATED TERRITORIES	IN THE US OR ITS	TAX ID NUMBER:
6 SECRETARY OF STATE'S OFFIC	E FILING ID:		
7 NATIONALITY:			
8 TAX ID NUMBER:			
9 COMPANY'S EMAIL ADDRESS:			
10 PHONE NUMBER:	NUMBER: 11 DATE OF INCORPORATION:		
	PHONE NUMBER	PHONE NUMBER	YYYY/ MM/ DD
12 LEGAL REPRESENTATIVE, REG	SISTERED AGENT, DIRECTOR, POWERED ATT	ORNEY:	
	ASURNAI	ME (S) AND NAME (S)	
NATIONALITY:	_COUNTRY OF BIRTH:	DA	TE OF BIRTH:
13 DOES ANY OF THE SHAREHOL OR BY KINSHIP YES NO	LDERS OR BOARD MEMBERS OF THE COMPA	ANY ARE CONSIDERED POLITICALLY EXPOSI	ED PERSON (PEP) BY THEMSELVES
IF YES, INDICATE NAME AND POLITIC	AL TITLE:		
IF CLASSIFIED AS A HIGH RISK CLIEN	T, MUST PROVIDE IN ADDITION TO THE ABOVE OF T	HE MAIN SHAREHOLDERS:	
	NAME:	NATIONALITY:	SHARE'S %:
	NAME:	NATIONALITY:	SHARE'S %:
	NAME:	NATIONALITY:	SHARE'S %:
CORPORATE STRUCTURE:			
Clients are considered high risk if they	perform any of the following activities: Lenders, bars,	casinos, nightclubs, jewelry and foreign PEP*.	
		BENEFICIARY	
1 BENEFIARY(S) FULL NAME:			
2 ADDRESS:	LAS	ST NAME, SURNAME, FIRSTNAME	
3 DATE OF BIRTH: // YYYY/MM/DD	STREET, EXT. NU	MBER, INT. NUMBER, CITY, COUNTRY ZIP CODE	
	7500 USD Policy Additional	Data / National and Foreign Legal Entity.	
1 LEGAL REPRESENTATIVE'S TYPE O	E ID:	2 LEGAL REPRESENTATIVE ID NUMBE	R.



	DOCUMENTS COMPARED AGAINST ORIGINAL AND I	REQUEST IN C	OPY FRO	OM THE INSURED (READABLE)	
	MEXICAN NATIONALITY POL	ICY GRATER T	HAN 750	00 USD	
1	ACT OF INCORPORATION/ ARTICLES OF INCORPORATION/ COMPANY BYLAWS		5	LEGAL REPRESENTATIVE'S ID	
2	CERTIFICATE OR COPY OF THE POWER OF ATTORNEY OF THE LEGAL REPRESENTATIVE (S) WHEN IT IS NOT INCLUDED IN THE ARTICLES OF INCORPORATION			DOCUMENTS FOR MEXICAN CITIZENS INE. PASSPORT, FROFESSIONAL LICENSE, INSEN/INAPAM, SMN CARD, MILITARY CARD, DRIVERS LICENSE, CONSULAR REGISTRATION CERTIFICATE, IMSS, HIGH SCHOOL PUBLIC INSTITUTION, FEDERAL STATE OR HUNCIPPAL AUTHORITIES. VALIDATED DOCUMENTS FOR FOREIGNERS	
3	TAX ID NUMBER		6	PASSPORT AND DOCUMENT THAT PROVES YOUR LEGAL STATUS IN THE COUNTRY, FMT, FM2, FM3AND ANY DOCUMENT EQUIVALENT TO AN OFFICIAL IDENTIFICATION.	
4	COMPANY'S PROOF OF ADRESS		6	PRINCIPAL SHAREHOLDER'S ID OR BOARD OF DIRECTOR'S REPRESENTATIVE ID PASSPORT, PROOF OF LEGAL STAY WITHIN THE COUNTRY	
	UTILITY BILLS NOT OLDER THAN THREE MONTHS OF ISSUANCE SUCH AS ELECTRICITY, TELEPHONE, NATURAL GAS, WATER SUPPLY AND PROPERTY TAX BILLS OR BANK STATEMENTS AND LEASE CONTRACT REGISTERED WITH THE PISCAL AUTHORITY.			PAGSFOON, PROOF EGRES AN WITHIN THE COUNTRY (PMT, PM2, FM3), EQUIVALENT OF ID. ALL DOCUMENTS SHOULD NOT BE OLDER THAN THREE MONTHS, COUNTED FROM THE DATE OF ISSUANCE.	
	FOREIGN NATIONAL	LITY POLICY C	VER 750	00 USD	
1	A LEGAL AND CERTIFIED COPY OF THE DOCUMENT THAT PROVES THE LEGAL ENTITY'S EXISTENCE		4	TAX ID NUMBER	
2	A LEGAL AND CERTIFIED COPY OF THE POWER OF ATTORNEY OF THE LEGAL REPRESENTATIVE REGARDLESS OF NATIONAL OR FOREIGN STATUS		5	PROOF OF FOREIGN ADDRESS	
3	LEGAL REPRESENTATIVE'S ID		7	IN THE CASE OF NEWLY CREATED COMPANIES THAT DO NOT HAVE	
	DOCUMENTS FOR MEXICAN CITIZENS ID, PASSPORT, PROFESSIONAL LICENSE, INSEN/INAPAM, SMN CARD, MILITARY CARD, DRIVER'S LICENSE, CONSULAR REGISTRATION CERTIFICATE, IMSS, HIGH SCHOOL PUBLIC INSTITUTION,			THE REGISTRATION BEFORE THE PUBLIC REGISTRY OF COMMERCE, IT IS NECESSARY	
	FEDERAL, STATE OR MUNICIPAL AUTHORITIES. DOCUMENTS FOR FOREIGNERS ABSORDER AND DOCUMENT HAS PROVES LEGAL STATUS IN THE COUNTRY, FMT, FM2, FM3 OR ANY DOCUMENT EQUIVALENT TO AN OFFICIAL IDENTIFICATION.			TO REQUEST A LETTER SIGNED BY A LEGALLY AUTHORIZED PERSON WHO STATES THAT THE RESPECTIVE REGISTRATION WILL BE CARRIED OUT	
	ULTIMATE BE				
	1. ULTIMATE BENEFIC	TAL OWNER	GENE	RAL DATA	
Name:	ASURNAME	(S) AND NAME (S)			
Full Address:					
Foreign	n Address (if applicable):	JMBER, INT. NUMBER, CI	ITY, COUNTRY	ZIP CODE	
	STREET, EXT. NUT	MBER, INT. NUMBER, CIT	Y, COUNTRY Z	IPCODE	
Date of Birth: Country of birth:		Nationality:			
City of	Birth: Occupat	tion:		Telephone Number:	
Email A	Address:				
Social S	Security Number: TAX I	D NUMBER:_			
2. DOCUMENTS					
VALID PERSONAL IDENTIFICATION SHOWINGS A PHOTO, ADDRESS AND SIGNATURE INE, PASSPORT, PROFESSIONAL LICENSE, INSEN/ INAPAM, SMN CARD, MILITARY CARD, DRIVER'S LICENSE, CONSULAR REGISTRATION CERTIFICATE,					
IMSS OR CREDENTIAL ISSUED BYE FEDERAL, STATE OR MUNICIPAL AUTHORITIES.					
PROOF OF ADRESS UTILITY BILLS NOT OLDER THAN THREE MONTHS OF ISSUANCE SUCH AS ELECTRICITY, TELEPHONE, NATURAL GAS, WATER SUPPLY AND PROPERTY TAX BILLS OR BANK STATEMENTS AND LEASE CONTRACT REGISTERED WITH THE FISCAL AUTHORITY.					

ALL DOCUMENTS SHOULD NOT BE OLDER THAN THREE MONTHS, COUNTED FROM THE DATE OF ISSUANCE.

NOTE: IF YOU HAVE SOCIAL SECURITY NUMBER OR TAX ID NUMBER, YOU MUST COLLECT CORRESPONDING COPIES.

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LINE OF BUSINESS

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THE ABOVE DATA WAS PROVIDED IN AN INTERVIEW WITH THE CLIENT					
1 NAME OF BROKER:	ASURNAME (S) AND NAME (S)				
2 CODE OF BROKER:	IORE THAN 4 DISITS 3 SIGNATURE OF THE BROKER:				
4 NAME AND SIGNATURE OF THE CLIENT:					

1 Formerly Article 140 LGISMS

2 PEP is that individual who performs or has performed in prominent public functions in a foreign country or a national territory, considering, among others, heads of state or government, political leaders, government officials, judicial or senior military officials, senior executives of state-owned companies, or important members of political parties. If you are considered as a PEP, your spouse and your blood relatives or any individual you are related to up to the second degree, as well as those close associates of the politically exposed person, are also considered PEP.

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I accept and acknowledge on behalf of my client that the insurer will not proceed to payment, until I have satisfactorily complied with the identification requirements requested in this document. By virtue of this document, I authorize the following Zurich entities: Zurich Compañía de Seguros, S.A. and/or Zurich Life Insurance Company, S.A. and/or Zurich Insurer Mexicana S.A. of C.V. to carry out the pertinent investigations regarding the information provided here. In case the information provided is or has been modified, I will immediately notify the aforementioned insurer. I hereby declare under oath that I have verified the data and information provided, which is correct, true and current as of this date.

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