



General Information

Name (First Surname, Second Surname, and Name (s) and/or Corporate Name or Purpose)

Address (Street and Number)			District		Post Code
Delegation or Municipality		City or Borough		Federal Entity	
Telephone: Private	Office	Cellular	E-mail (if applicable)		
Occupation or Profession	Activity or Line of Business	Nationality <input type="checkbox"/> Mexican <input type="checkbox"/> Foreign		Date of Birth or Incorporation of Company	
Federal Taxpayer Registration Number			Personal Identification Number		

Exclusively for Foreign Individuals

Original Address (Street and Number)			Contact Address (Street and Number)		
Neighborhood	Post Code	City or Borough	Neighborhood	Post Code	City or Borough
Federal Entity	Country	Telephone	Federal Entity	Country	Telephone

Exclusively for Corporate Entities (Administrator, Director, General Manager and/or Legal Representative)

Name (First Surname, Second Surname, and Name (s)). In the case of several administrators, directors, general managers and/or legal representatives, attach listing.

Details of Legal Representative			
Deed number	Name of Notary	Notary Public Number	Federal Entity of certification
Incorporation Details			
Instrument number in Public certifying Incorporation	Public Trade Registry Folio Number		Date of Inscription in Public Registry
Name of Notary Public		Number of Country	Public Federal Entity certification

Tax Address (Street and Number)		Neighborhood	Post Code
Delegation or Municipality		City or Borough	Federal Entity
Telephone: Private	Office	Cellular	E-mail (if applicable)

For all subsidiaries, indicate names and proportion of equity interest held by the holding company or companies.

Address of Head Office (Street and Number)		Neighborhood	Post Code
Delegation or Municipality		City or Borough	Federal Entity
Telephone: Private	Office	Cellular	E-mail (if applicable)
Names of majority shareholders (individuals) in the Company			

Individuals only

Mention whether you, your spouse or second-degree relative have performed or are currently performing public duties in a foreign country or on national territory, or have served as heads of state or government, as political leaders, high-level government, judicial, or military officers, or as high-level officers in state enterprises or as important officers or members of political parties. Yes No

If affirmative: Describe position _____ _____ _____	Term or Period	Relation or connection
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Individuals only (continuation)Does that individual have an equity interest or property rights in any company or association? Yes No

In case you know the name of such entity or abboction please provide such data:

Is he /she acting on his/her own account Yes No

If not: Mention name of third party being represented

Legal act empowering mandate or representation

Relation with applicant or connection

Address (Street and Number)

District

Post Code

Delegation or Municipality

City or Borough

Federal Entity

Telephone: Private

Office

Cellular

E-mail (if applicable)

Do you have an equity interest or property rights in any company or association? Yes No

Name and % of the paticipation in such entity or abboction.

Beneficiary Data (Individuals only)

Name (First Surname, Second Surname, and Name (s))

Date of Birth

Address (Street and Number)

District

Post Code

Delegation or Municipality

City or Borough

Federal Entity

Presentation and validation of Documents

Individuals			Corporate entities		
Type of Document	Code	Expiry date	Documentation	Yes	No
A) Personal			Copy of Incorporation Papers		
B) Government Registrations (2)			Tax Identification Card		
Does the Address match with ID:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Certification of Address (less than three months old)		
C) Certification of Address (if negative)			Copy of Powers of Attorney given to Legal Representatives		
D) Legal Representative (whenever applicable)			Identification of Representative		
E) Official Identification of Legal Representative (if available)			Evidence of future inscription in Registry (3)		
F) Certification of Address of Legal Representative			Duly legalized and apostilled document certifying legal existence (4)		
(1) Verification of codes (2) Whenever available	(3) Recently created companies (4) Foreign companies		Official Appointment (public sector)		

The client is advised that the identification information must match the information contained in the identification documents when demanding payment from the insurance company resulting from any rightful claim or occurrence.

Should any payment be required based on this agreement, either by way of termination payment or any other rightful claim, the insurance company may abstain from making such payment until the client is able to present the identification documentation requested by the insurance company in terms of Article 140 of the Insurance Companies Law and related Resolutions under which the general provisions referred to under Article 140 of the Insurance Companies Law are issued, and provided that the identity and details of the client can be supported to the entire satisfaction of the Insurance Company.

The client is also advised that the Insurance Company must be advised directly through its Agent of any modification to the identification details contained in this form while this agreement remains.

Statement of Client

I hereby declare under oath to tell the truth that the information provided in this document is real and authentic and therefore authorize the Institution to corroborate such information if it deems it convenient.

Name and signature of Client or Legal Representative

Date

Presentation of Document Copies for Files**A and E) Personal**

- Electoral card
- Professional identification card
- Passport
- Driving license
- Military service card
- Individual military identity card
- Consular registration certificate
- Mexican Social Security Institute card

- National Institute of Elderly Persons card
- National Institute of Middle Education and Advanced Middle Education card
- Card issued by federal or state entities
- Card to obtain resources or support from government, federal, state, or municipal programs
- Document accrediting migrate tree status

B) Government Registrations

- Federal Taxpayer Registration Number
- Personal Identification Number

C) and F) Recent receipts (not more than three months old), supporting the following:

- Electricity
 - Telephone
 - Property tax
 - Water
 - Bank statement
- D) Legal Representative**
- Power of Attorney
 - Copy of notary power

This English version is for information purposes only.

This Spanish version shall prevail in all circumstances.