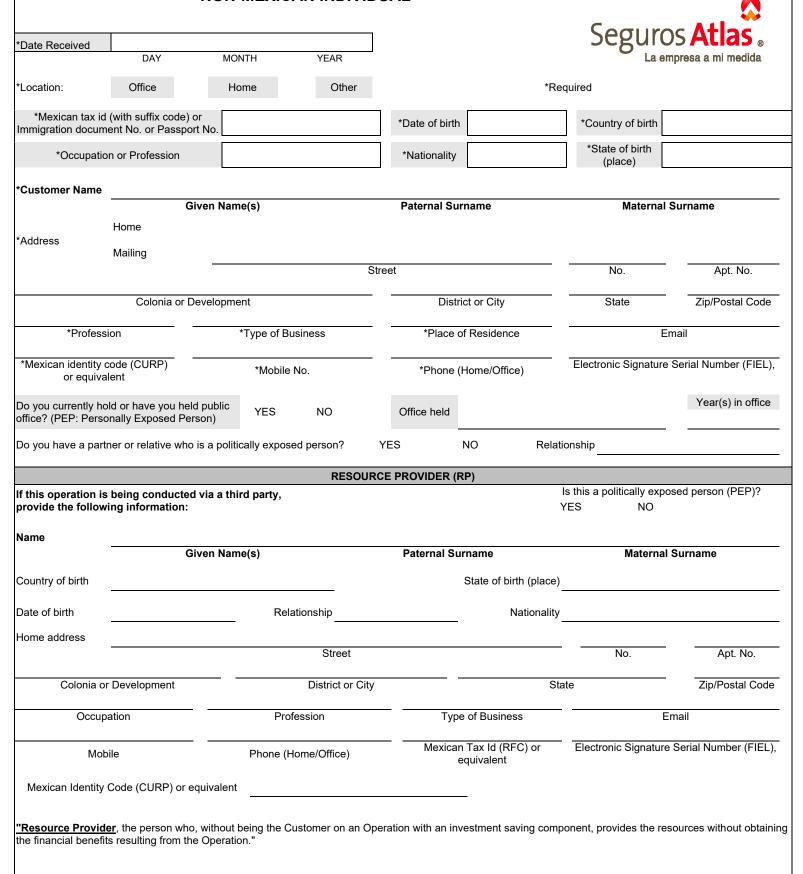
KNOW YOUR CUSTOMER FORM NON-MEXICAN INDIVIDUAL



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) or equivalent Mexican Identity Code (CURP) or equivalent ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION (VERIFIED COPIES) LEGIBLE & VALID Insured or Contracting Party RP Beneficiary Immigration document Mexican Identity Code (CURP) and/or Tax detrillation Card (equivalent) Mexican Identity Code (CURP) and/or Tax detrillation Card (equivalent) ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION (VERIFIED COPIES) LEGIBLE & VALID Repair RP Beneficiary Mexican Identity Code (CURP) and/or Tax detrillation Card (equivalent) Address (dated no more than 3 months prior) Advanced Electronic Signature registry certificate 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 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		E	BENEFICIARY			
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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').