



## KNOW YOUR CUSTOMER - FOR INDIVIDUALS

DATE:

### IDENTITY DETAILS

NAME:

Firs Name:

Last Name:

### ADDRESS DETAILS:

ADDRESS IN COUTRY OF ORIGIN:

ADDRESS IN MEXICO:

Zip Code:

State:

City:

Date of birth:

DD MM YYYY

Place of birth:

Nationality:

Occupation:

Tel.:

Email Id :

Passport No.:

Legal residence document:

FMT

FM2

FMN

FM3

Others

Politically Exposed Person (PEP )

Related to Politically Exposed Person (PEP )

### OTHER DETAILS:

Insured:

a) Passport

b) Legal residence document

c) Proof of address

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Please Specify

Please Specify

Please Specify

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

NAME AND SIGNATURE OF APPLICANT

NAME AND SIGNATURE OF THE INTERMEDIARY