

CUSTOMER IDENTIFICATION FORM

ABA | SEGUROS, S.A. De C.V  
FOREIGNERS



INSURED'S OR CONTRACTING PARTY DATA

Individual  Entity  Policy Nr.: \_\_\_\_\_  
Casualty Nr.: \_\_\_\_\_

Paternal Surname, Maternal Surname and Name(s) or Corporate Name: \_\_\_\_\_

If Individual, give passport number and immigration status:

Passport Nr. \_\_\_\_\_ FMT (Tourist)  FMN (Business)  Immigrate

FM3

FM2

\* Address in country of origin: (Street, # Exterior, Borough, City, Country)

\* Temporary address in domestic territory  
Street \_\_\_\_\_ Ext. No. \_\_\_\_\_ Int. No. \_\_\_\_\_ Borough \_\_\_\_\_  
Zip Code \_\_\_\_\_ Municipality or District \_\_\_\_\_ City or Village \_\_\_\_\_ State \_\_\_\_\_  
LOS CABOS BAJA CALIFORNIA SUR  
City or Village State

Marital Status: Married  Single  Widow  Divorced  Género: Male  Female

Birth or Organization Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality: \_\_\_\_\_  
Day Month Year

Occupation or business: \_\_\_\_\_ \* Business field: \_\_\_\_\_

e-mail: \_\_\_\_\_ Telephone (s): \_\_\_\_\_

TIN: \_\_\_\_\_ \* Population Code: \_\_\_\_\_

Is the insured or contracting party a politically-exposed person? (1):

SI  State Position: \_\_\_\_\_  
NO

\* If you have this information you MUST enter it.

Corporate Structure (Only entities)

Corporate management: Sole Manager  Board of Directors

\* Name of partners or shareholders \_\_\_\_\_ \* Percentage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any of the partners or shareholders, or members of the Board, politically-exposed persons? (1)  
YES  No  Name and position: \_\_\_\_\_

\* If available

PAYEE'S DATA

Name or Corporate Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ Ext. No. \_\_\_\_\_ Int. No. \_\_\_\_\_ Borough \_\_\_\_\_  
Zip Code \_\_\_\_\_ Municipality or District \_\_\_\_\_ City or Village \_\_\_\_\_ State \_\_\_\_\_

Marital Status: Married  Single  Widow  Divorced  Gender: Male  Female

Birth or Organization Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality: Mexicana  Other

e-mail: \_\_\_\_\_ Telephone (s): \_\_\_\_\_

TIN (2): \_\_\_\_\_ \* Population Code: \_\_\_\_\_

\* If you have this information you MUST enter it.

DATA OF ATTORNEY IN FACT

Name: Paternal Surname \_\_\_\_\_ Maternal Surname \_\_\_\_\_ Name (s) \_\_\_\_\_

Address: Street \_\_\_\_\_ Ext. No. \_\_\_\_\_ Int. No. \_\_\_\_\_ Borough \_\_\_\_\_  
Zip Code \_\_\_\_\_ Municipality or District \_\_\_\_\_ City or Village \_\_\_\_\_ State \_\_\_\_\_

Marital Status: Married  Single  Widow  Divorced  Género: Male  Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality: Mexicana  Other

e-mail: \_\_\_\_\_ Telephone (s): \_\_\_\_\_

TIN (2): \_\_\_\_\_ \* Population Code: \_\_\_\_\_

\* If you have this information you MUST enter it.

**ATTACHED DOCUMENTS**

OF THE INSURED OR CONTRACTING PARTY Individual:

ID (Preferably Passport) YES  NO   
\* Evidence of domicile YES  NO   
\* Tax ID Card YES  NO

OF THE INSURED OR CONTRACTING PARTY Entity:

Certificate of Incorporation or document evidencing its existence YES  NO   
Tax ID Card YES  NO   
Evidence of domicile YES  NO

OF THE PAYEE:

Official ID o Certificate of Incorporation SI  NO   
\* Population Code YES  NO   
\* Tax ID Card YES  NO   
Evidence of domicile (3) YES  NO

ATTORNEY IN FACT:

ID: YES  NO   
Evidence of domicile (3): YES  NO   
Certified copy of the of the powers of attorney of the attorneys in fact YES  NO

\* if available

**Documents compared by:**

Executive  Agent:   
Adjuster  Appraiser

I HEREBY DECLARE THAT THE DATA AND INFORMATION FURNISHED IN THIS ACT ARE TRUE:  
THAT SAID DATA AND INFORMATION MAY BE EXAMINED WHENEVER THE COMPANY SHALL REGARD IT NECESSARY, AND  
REBY DECLARE THAT THE OPERATIONS THAT I SHALL CARRY OUT WITH THE COMPANY SHALL AT ALL TIMES BE MADE WITH CASH SHALL COME FROM MY (OUR) REG  
COURSE OF BUSINESS AND NOT FROM ANY ILLICIT ACTIVITIES

I HEREBY DECLARE THAT NO THIRD PARTIES SHALL ACT UNDER MY OR MY PRINCIPAL'S CONSENT AS TO THE PROCEEDS, CONTRACTS OR SERVICES WHERE I ACT  
OR OPERATE WITH RESOURCES COMING FROM ILLICIT ACTIVITES AND LIKEWISE, I DECLARE THAT NO TRANSACTIONS SHALL BE CARRIED OUT FOSTERING ILLICIT  
ACTIVITIES

INSURED, CONTRACTING PARTY and/or PAYEE

\_\_\_\_\_  
Name and signature

PREPARED BY:

\_\_\_\_\_  
Name and signature

- (1) Politically exposed is a person that performs or has performed outstanding public duties in a foreign country or in the domestic territory including but not limited to heads of state or government, political leads, governmental or judicial officers, high-rank army members and company executives, state officers or relevant members of political parties. This concept includes the spouse or blood or affinity kinship up to second degree, as well as companies as to which the politically-exposed company shall maintain patrimonial bonds.
- (2) As to individuals with no entrepreneurial activity, the last three characters of ID code is not required
- (3) Document required whenever the address stated by the customer shall not match with that in the ID, or whenever such ID shall not state any address