

Customer Identification Form

Insured's or Contracting Party Data

<input type="checkbox"/> Individual	<input type="checkbox"/> 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.
<input type="checkbox"/> FMT (Tourist)	<input type="checkbox"/> FNM (Business)	<input type="checkbox"/> Immigrate <input type="checkbox"/> FM2 <input type="checkbox"/> FM3
*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	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth or Organization Date	Day	Month	Year
Occupation or Business		Nationality <input type="checkbox"/> Mexican <input type="checkbox"/> Other _____	
e-mail		*Business Field	
TIN (2)		Telephone (s)	
		*Population Code	
Is the insured or contracting party a politically-exposed person? (1) <input type="checkbox"/> Yes <input type="checkbox"/> No			

State Position:

*If you have this information MUST enter it

Corporate Structure (Only Entities)

Corporate Manager <input type="checkbox"/> Sole Manager <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth or Organization Date	Day	Month	Year
e-mail		Nationality <input type="checkbox"/> Mexican <input type="checkbox"/> Other _____	
TIN (2)		Telephone (s)	
		*Population Code	

*If you have this information MUST enter it

Data of Attorney in Fact

Paternal Surname, Maternal Surname and Name (s)

Address					
Street				Ext. No.	Int. No.
Borough		Zip Code		Municipality or District	
City or Village				State	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth or Organization Date		Day	Month	Year	Nationality <input type="checkbox"/> Mexican <input type="checkbox"/> Other _____
e-mail				Telephone (s)	
TIN (2)				*Population Code	

*If you have this information MUST enter it

Attached Documents

Of the Insured or Contracting Party Individual		Of the Insured or Contracting Party Entity	
ID (Preferably Passport)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Incorporation or document evidencing its existence	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Evidence of domicile	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax ID Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax ID Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of domicile	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of the Payee		Attorney in Fact	
Official ID or Certificate of Incorporation	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Population Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of domicile	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Tax ID Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certified copy of the powers of attorneys in fact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of domicile (3)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 I hereby 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) regular 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 activities and likewise, I declare that no transactions shall be carried out fostering illicit activities.

Name and Signature

Name and Signature

Insured, Contracting Party and/or Payee

Prepared by

(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 leaders, 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.