

COURTESY TRANSLATED DOCUMENT. FOR REFERENCE PURPOSES ONLY. PLEASE USE THE SPANISH VERSION.

PROCEDURE TYPE: INITIAL RENEWAL POLICY NUMERAL DATE: DD MM YY

GENERAL DATA OF THE CONTRACTING PARTY

FULL NAME (PATERNAL LAST NAME, MATERNAL LAST NAME AND NAME):

DATE OF BIRTH: COUNTRY OF BIRTH: STATE OF BIRTH: NATIONALITY:

RFC WITH HOMOCLAVE OR TAX IDENTIFICATION NUMBER OR ITS EQUIVALENT AND THE COUNTRY WHICH ASSIGNED IT:

SERIAL No. OF THE ADVANCED ELECTRONIC SIGNATURE DIGITAL CERTIFICATE (IF APPLICABLE)

CURP: PROFESION OR OCCUPATION:

NAME OF THE COMPANY YOU WORK AT: MONTHLY INCOME: E-MAIL:

DO YOU ACT ON BEHALF OF A THIRT PARTY (ACTUAL OWNER)? YES NO *IF YES, FILL THE "A" SECTION OF THE ADDITIONAL INFORMATION SECTION*

RESIDENCE ADDRESS IN NATIONAL TERRITORY

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

DO YOU HAVE FOREIGN RESIDENCE? YES NO

RESIDENCE ADDRESS ABROAD

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

STATE: CITY OR TOWN:

ZIP CODE: COUNTRY:

ADDRESS FOR SERVICE OF CORRESPONDENCE IN NATIONAL TERRITORY (NON-RESIDENT FOREIGNERS)

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

DO YOU HAVE FOREIGN RESIDENCE? (ONLY NON-MEXICAN NATIONALS) YES NO

POLITICALLY EXPOSED PERSON

DO OR HAVE YOU, YOUR SPOUSE OR A FAMILY MEMBER UP TO THE SECOND BLOOD DEGREE PERFORMED OUTSTANDING PUBLIC FUNCTIONS IN MEXICO OR ABROAD DURING THE LAST TWO YEARS? YES NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION, FILL THE SECTION "ADDITIONAL INFORMATION".

DEGREE	KINSHIP			
1º	<input type="checkbox"/> FATHER / MOTHER	<input type="checkbox"/> FATHER/MOTHER IN-LAW	<input type="checkbox"/> SON / DAUGHTER	<input type="checkbox"/> SON / DAUGHTER IN-LAW
2º	<input type="checkbox"/> GRANDFATHER/GRANDMOTHER	<input type="checkbox"/> BROTHER / SISTER	<input type="checkbox"/> BROTHER / SISTER IN-LAW	<input type="checkbox"/> GRANDSON / GRANDAUGHTER

GENERAL DATA OF THE BENEFICIARY (IES)

BENEFICIARY 1 TYPE OF PERSON: INDIVIDUAL LEGAL ENTITY

FULL NAME / CORPORATE NAME:

DATE OF BIRTH / DATE OF INCORPORATION:

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

BENEFICIARY 2 TYPE OF PERSON: INDIVIDUAL LEGAL ENTITY

FULL NAME / CORPORATE NAME:

DATE OF BIRTH / DATE OF INCORPORATION:

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

ADDITIONAL INFORMATION

CIVIL STATUS: SINGLE MARRIED **NUMBER OF FINANCIAL DEPENDENTS:**

DO YOU HAVE ASSET-BASED CONNECTIONS WITH A SOCIETY OR ASSOCIATION? YES NO

If the answer is yes, fill the section "b. Information on societies or associations".

a. INFORMATION ON FINANCIAL DEPENDENTS OR THIRD PARTIES (ACTUAL OWNER)

TYPE OF FIGURE 1: Spouse, concubine, concubinary Financial dependent Third Party or Actual Owner

FULL NAME (PATERNAL LAST NAME, MATERNAL LAST NAME AND NAME):

DATE OF BIRTH: COUNTRY OF BIRTH: STATE OF BIRTH: NATIONALITY:

RFC OR TAX IDENTIFICATION NUMBER OR EQUIVALENT AND THE COUNTRY WHICH ASSIGNED IT:

CURP: PROFESSION OR OCCUPATION:

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

DO YOU HAVE FOREIGN RESIDENCE? (ONLY NON-MEXICAN NATIONALS) YES NO

TYPE OF FIGURE 2: Spouse, concubine, concubinary Financial dependent Third Party or Actual Owner

FULL NAME (PATERNAL LAST NAME, MATERNAL LAST NAME AND NAME):

DATE OF BIRTH: COUNTRY OF BIRTH: STATE OF BIRTH: NATIONALITY:

RFC OR TAX IDENTIFICATION NUMBER OR EQUIVALENT AND THE COUNTRY WHICH ASSIGNED IT:

CURP: PROFESSION OR OCCUPATION:

STREET, AVENUE OR ROAD: EXTERIOR No.: INTERIOR No.:

BOROUGH: MUNICIPALITY: STATE:

CITY OR TOWN: ZIP CODE: COUNTRY: PHONE No.:

DO YOU HAVE FOREIGN RESIDENCE? (ONLY NON-MEXICAN NATIONALS) YES NO

b. INFORMATION ON SOCIETIES OR ASSOCIATIONS

NAME OR CORPORATE NAME:

BUSINESS LINE, ACTIVITY OR CORPORATE PURPOSE: NATIONALITY:

RFC OR TAX IDENTIFICATION NUMBER AND/OR EQUIVALENT AND THE COUNTRY WHICH ASSIGNED IT:

CERTIFICATE NUMBER OF ADVANCED ELECTRONIC SIGNATURE (IF APPLICABLE): DATE OF INCORPORATION:

MERCANTILE FOLIO: PHONE No.:

SUBMISSION AND VALIDATION OF DOCUMENTS

YES NO NATIONAL INDIVIDUAL DOCUMENTS

- Personal Identification (VALID AND w/PHOTOGRAPH).
- Unique Population Registry Code (CURP) when applicable
CURP NOT REQUIRED IF IT APPEARS IN ANOTHER OFFICIAL DOCUMENT.
- TAX ID Certificate and/or equivalent (WITH HOMOCLAVE); not required when the tax ID number and/or equivalent appears in another document issued by a competent tax authority, when applicable.
- Proof of address, not older than 3 months.

YES NO FOREIGNER INDIVIDUAL DOCUMENTS

- Passport
- Official document issued by the INM (NATIONAL IMMIGRATION INSTITUTE), evidencing its entry or legal stay in the Country, when applicable.
- Proof of address, not older than 3 months.

YES NO FOREIGN INDIVIDUAL WITH TEMPORARY OR PERMANENT RESIDENCE DOCUMENTS

- Personal Identification (VALID AND w/PHOTOGRAPH).
- Proof of the Unique Population Registry Code (CURP) and/or Tax ID Certificate, when applicable.
- Document evidencing immigration status.
- Proof of address, not older than 3 months.

"Qualitas Compañía de Seguros, S.A. de C.V., with address at Av. San Jerónimo número 478, Col. Jardines del Pedregal, Alcaldía Álvaro Obregón, Mexico City, C.P. 01900, will process your Personal Data in accordance with the following purposes: evaluate your insurance application and risk selection, if applicable, issue the insurance contract, process claims, administration, maintenance or renewal of the insurance policy, make payments, as well as the purposes related to the fulfillment of our obligations derived from the Insurance Contract Law and the applicable regulations, the Comprehensive Privacy Notice is available at www.qualitas.com.mx".

"I declare under oath that the information provided in this form is reliable and that I am acting on behalf of my principal, and I authorize the Institution to corroborate it as it deems convenient".

FULL NAME OF THE CONTRACTING PARTY

SIGNATURE OF THE CONTRACTING PARTY

"I HEREBY CERTIFY THAT I CONDUCTED A PERSONAL INTERVIEW WITH THE POLICYHOLDER OR ITS LEGAL REPRESENTATIVE IN ORDER TO OBTAIN THE INFORMATION STATED HEREIN AND, LIKEWISE, I HAD BEFORE ME THE ORIGINALS OF THE IDENTIFICATION DOCUMENTS MENTIONED ABOVE".

NAME AND SIGNATURE OF THE RESPONSIBLE PARTY