

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:

NUMBER OR REFERENCE OF THE TRUST: PURPOSE OF THE TRUST:

RFC WITH HOMOCLAVE OR TAX ID NUMBER AND/OR EQUIVALENT AND COUNTRY WHICH ASSIGNED IT:

NUMBER OF ELECTRONIC ADVANCED SIGNATURE CERTIFICATE: PLACE OF INCORPORATION OR EXECUTION:

DATE OF INCORPORATION: DD MM YY NAME OR CORPORATE NAME OF THE TRUST INTITUTION:

TRUST PATRIMONY: CONTRIBUTIONS OF THE TRUSTORS:

DO YOU PERFORM VULNERABLE ACTIVITIES UNDER **ART. 17 OF THE LFPIORPI**? YES NO
WHICH?

DATOS GENERALES FIDEICOMITENTE

TYPE OF PERSON: INDIVIDUAL ^(I) LEGAL ENTITY ^(LE) SERIAL No. OF THE ADVANCED ELECTRONIC SIGNATURE DIGITAL CERTIFICATE, If applicable **(I and LE)**

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

DATE OF BIRTH / DATE OF INCORPORATION: DD MM YY COUNTRY OF BIRTH ^(I): STATE OF BIRTH ^(I):

NATIONALITY ^(I y LE): ^(I y LE) - RFC OR TAX ID NUMBER OR EQUIVALENT AND COUNTRY WHICH ASSIGNED IT:

CURP ^(I): MERCANTILE FOLIO ^(LE):

PROFESSION OR OCCUPATION / ACTIVITY OR LINE OF BUSINESS: PHONE NO. ^(I y LE): E-MAIL ^(I y LE):

ADDRESS OF THE TRUSTOR

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

GENERAL DATA OF THE TRUSTEE DELEGATE

TYPE OF PERSON: INDIVIDUAL ^(I) LEGAL ENTITY ^(LE) SERIAL No. OF THE ADVANCED ELECTRONIC SIGNATURE DIGITAL CERTIFICATE, If applicable **(I and LE)**

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

DATE OF BIRTH / DATE OF INCORPORATION: DD MM YY COUNTRY OF BIRTH ^(I): STATE OF BIRTH ^(I):

NATIONALITY ^(I y LE): ^(I y LE) - RFC OR TAX ID NUMBER OR EQUIVALENT AND COUNTRY WHICH ASSIGNED IT:

CURP ^(I): MERCANTILE FOLIO ^(LE):

PROFESSION OR OCCUPATION / ACTIVITY OR LINE OF BUSINESS: PHONE NO. ^(I y LE): E-MAIL ^(I y LE):

ADDRESS OF THE TRUSTEE DELEGATE

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

GENERAL DATA OF THE REPRESENTATIVE OR ATTORNEY-IN-FACT

DATA	ATTORNEY-IN-FACT 1	ATTORNEY-IN-FACT 2	ATTORNEY-IN-FACT 3
NAME (S)			
PATERNAL LAST NAME			
MATERNAL LAST NAME			
DATE OF BIRTH			
COUNTRY OF BIRTH			
STATE OF BIRTH			
NATIONALITY			
RFC OR TAX ID NUMBER OR EQUIVALENT AND THE COUNTRY WHICH ASSIGNED IT			
CURP			
PROFESSION OR OCCUPATION			
PHONE No.			
E-MAIL			
STREET, AVENUE OR ROAD			
EXTERIOR NUMBER			
INTERIOR NUMBER			
BOROUGH			
MUNICIPALITY			
STATE			
CITY OR TOWN			
ZIP CODE			

GENERAL DATA OF THE TRUSTOR(S) AND/OR BENEFICIARY(IES)

DATA	TRUSTOR 1	TRUSTOR 2	TRUSTOR 3	TRUSTOR 4	TRUSTOR 5	TRUSTOR 6	TRUSTOR 7
FULL NAME / CORPORATE NAME							
DATE OF BIRTH / DATE OF INCORPORATION							
CURP (INDIVIDUALS)							
RFC OR TAX ID NUMBER OR EQUIVALENT AND THE COUNTRY WHICH ASSIGNED IT							
MERCANTILE FOLIO (LEGAL ENTITY)							
STREET, AVENUE OR ROAD							
EXTERIOR NUMBER							
INTERIOR NUMBER							
BOROUGH							
MUNICIPALITY							
STATE							
CITY OR TOWN							
ZIP CODE							
COUNTRY							
PHONE No.							

COMPOSITION OF THE TECHNICAL COMMITTEE

NOTE: IF THERE ARE MORE MEMBERS THAN THOSE INDICATED HEREIN, PLEASE PROVIDE THE INFORMATION INDICATED IN THIS ITEM, IN SEPARATE.

DATA	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6
PATERNAL LAST NAME						
MATERNAL LAST NAME						
NAME (S)						

SUBMISSION AND VALIDATION OF DOCUMENTS

YES NO TRUST DOCUMENTS

- DOCUMENTS WHICH, IN ACCORDANCE WITH THE REGIME APPLICABLE TO THE TRUST, IRREFUTABLY EVIDENCE ITS EXISTENCE, POWERS OF ATTORNEY OT
 THE LEGAL REPRESENTATIVE, ATTORNEY-IN-FACT LEGAL, OR DELEGATE TRUSTOR AND PERSONAL IDENTIFICATION (VALID AND W/PHOTOGRAPH) OF EACH ONE.

YES NO TRUST DOCUMENTS

- TAX IDENTIFICATION CERTIFICATE.
 PROOF OF ADDRESS, NO 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 LEGAL REPRESENTATIVE

SIGNATURE OF THE LEGAL REPRESENTATIVE

“I HEREBY CERTIFY THAT I CONDUCTED A PERSONL 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