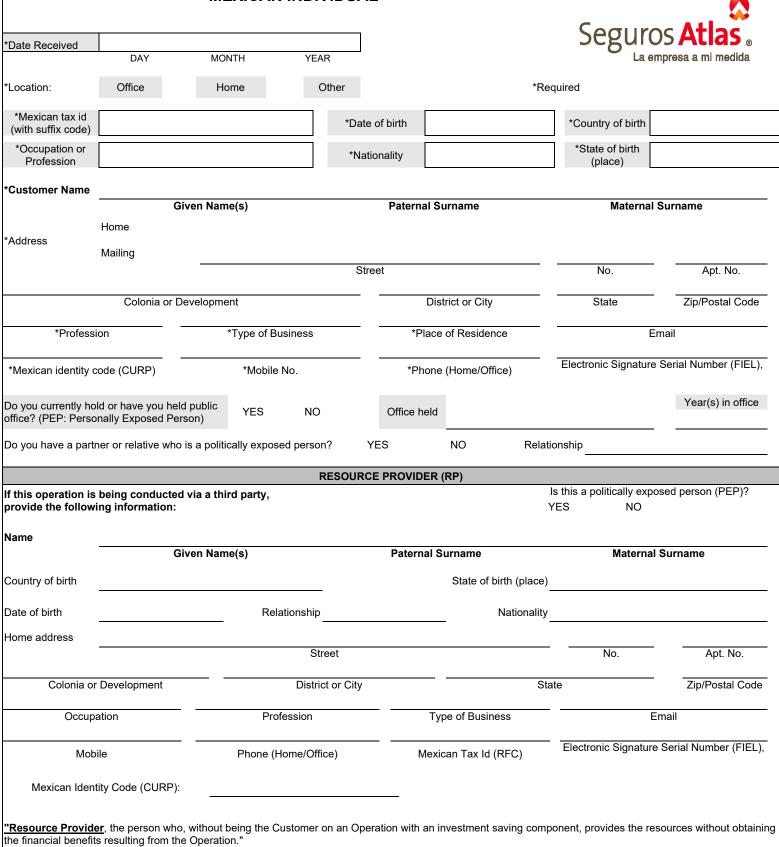
## KNOW YOUR CUSTOMER FORM MEXICAN INDIVIDUAL



		В	BENEFICIA	RY				
Name								
Given N		• •			Maternal Surname			
Country of birth		State of birth (place)						
Date of birth		Relationship		Nationa	ality _			
Address							-	
		Street				No.	Apt. No.	
Colonia or Development		District or City		_	State		Zip/Postal Code	
Occupation		Profession		Type of Business		Er	Email	
Mobile		Phone (Home/Office)		Mexican Tax Id (RFC)		Electronic Signature Serial Number (FIEL),		
Mexican Ident	tity Code (CURP):							
	ATTACH TH	HE FOLLOWING DOCUME	NTS TO T	HIS APPLICATION (V	'ERIFIED	COPIES)		
LEGIBLE & VALID		Insured or Contracting Party	RP	Beneficiary				
Mexican Tax Id (with	suffix code)					1-4		
Mexican Identity Code (CURP)					c	lot required if this code fficial document		
Valid government-issued id (both sides)						Mexican Voter Card (IFE Professional License, Mi		
Proof of address (dated no more than 3 months prior)					Power, Water or Ph		Bill, Bank Statement	
	Signature registry certificate							
Information and id me were checked a Seguros y de Fianz CUSTOMER/CONT I affirm that prior	to signing the contract, I, the tentifications, and also that against the originals, in access, which Seguros Atlas, RACTING PARTY: to signing the contract, I, the in this document is true and ir discretion.	the information noted on cordance with Art. 492 of the S.A. may corroborate as the he customer/contracting	this form the Mexica deemed no party (or re	is true and accurate, in Insurance and Sur ecessary. epresentative) persor	and tha ety Bon nally me	t the documents the d Company Law (Ley t with the insurance	customer provided to the contract of the contr	
Seguros Atlas, S.A also for those purp If I have provided	n the Mexican Data Protection  A. to treat and, where necess coses outlined in the Privacy personal, sensitive or financia rmation to Seguros Atlas, S.A.	ary, share my personal, ser Notice, the content of which al information for another pe	nsitive and n is known erson, I acl	financial information fo to me having been pro nowledge my obligatio	or all pur ovided to on to info	poses related to our le me in advance. rm such other persons	gal relationship and	
сиѕто	MER NAME AND SIGNATU (REQUIRED)	IRE		INSURANCE		CE AGENT NAME AN (REQUIRED)	E AGENT NAME AND SIGNATURE (REQUIRED)	
PRIVACY NOTICE In compliance with t	the Mexican Data Protection	Law, Seguros Atlas, S.A. (S	Seguros Atl	as) with address at Pa	seo de l	os Tamarindos No. 60	-PB, Col. Bosques de	
	co, D.F. Ph.: (55)9177-50-00	_	-	•				

In compliance with the Mexican Data Protection Law, Seguros Atlas, S.A. (Seguros Atlas) with address at Paseo de los Tamarindos No. 60-PB, Col. Bosques de las Lomas, 05120 México, D.F. Ph.: (55)9177-50-00, informs you that the general and sensitive personal information you have provided will be treated to assess your application for insurance and risk selection, and as such is the case, to draft the insurance contract, process claims payments, for the administration, maintenance and renewal of the insurance policy, the prevention of fraud and illicit transactions, for statistical purposes, and for all purposes related to the fulfillment of our obligations, as required by the contract, the Mexican Insurance Contract Law (Ley sobre el Contrato de Seguro) and other applicable legislation.

For more information, visit our website www.segurosatlas.com.mx where you will find our complete Privacy Notice and the mechanisms for exercising your personal data rights ('ARCO').