



UNIQUE FORM FOR REGULATED SUBJECTS - No. 2
Know Your Client Policy for Corporate Entities Only
 Agreement No.03 of the Board of Directors of the Superintendencia of
 Insurance and Reinsurance of Panama, July 27, 2015.
 FUPERJU - SSRP
 (BC/FT/FPADM)

GENERAL INFORMATION			
Name of the Corporation		RUC	
Commercial Name		Notice of Operation No.	
Street Address			
Country of Incorporation		Phone / Fax	
Registration / Folio Number		e-mail	
Type of Business			
RESIDENT AGENT			
First Name and Surname		Address	
DIRECTORS			
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
OFFICERS			
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
INFORMATION OF <input type="checkbox"/> LEGAL ATTORNEY or <input type="checkbox"/> LEGAL REPRESENTATIVE			
First Name and Surname		I.D. Card / Passport Number	
Nationality		Country of Residence	
e-mail		Phone / Fax	
Please indicate if the Legal Representative, the Legal Attorney or the Corporation are or have been subject to investigation, inquiry or conviction for illegal activities, money laundering or financing of terrorism. If so, please, explain:			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
SHAREHOLDERS			
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
First Name and Surname		I.D. Card / Passport Number	
BENEFICIARY(S) OF THE INSURANCE(S)			
First Name and Surname		I.D. Card / Passport Number	
Address		Nationality	
First Name and Surname		I.D. Card / Passport Number	
Address		Nationality	
First Name and Surname		I.D. Card / Passport Number	
Address		Nationality	
DECLARACIÓN			
I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE AND THAT THE QUESTIONS HAVE BEEN ANSWERED IN AN ACCURATE AND UPDATED MANNER IN ALL RESPECTS.			
POLICIES WITH ANNUAL PREMIUM EQUAL TO OR GREATER THAN US\$10,000.00			
Are the total annual premiums paid by you equal to or greater than US\$10,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>			
* If you answered Yes, please, complete the following questions. If the answer is No, go to the Legal Representative or Legal Attorney's signature box below.			
DECLARATION OF SOURCES OR ORIGIN OF RESOURCES OF THE TRANSACTION			
I HEREBY DECLARE THAT ALL THE CORPORATION'S ACTIVITIES ARE DEVELOPED WITHIN THE LEGAL REGULATIONS AND THAT THE RESOURCES USED TO PAY THE SAID INSURANCE DERIVE FROM THE FOLLOWING SOURCES:			
(Please, detail the Commercial or Business Activity) _____			

FINANCIAL PROFILE

Annual Income from main activity Less than US\$250,000 US\$250,000 to 1 million US\$1 million to 10 millions US\$1 million to 10 millions More than US\$10 millions

Annual Income from other activities Less than US\$250,000 US\$250 mil to 1 million US\$1 million to 10 millions US\$ 1 million to 10 millions More than US\$10 millions

REFERENCES (Provide one commercial and one banking references)

Name or Business Name	Activity	Relationship with the Client	Contact's Phone
1			
2			

DOCUMENT'S REQUIRED (Verify):

Yes No Copy or web print-out of the company's Public Registry Certificate which includes its legal representation. (www.registro-publico.gob.pa)

Yes No Copy of the identity card of the Legal Representative or Legal Attorney. For foreigners, verify the passport including the page bearing their signature and the document accrediting their legal status in the country.

Yes No A letter signed by the company's Treasurer, Secretary or Legal Representative stating the shareholders' identities who hold more than 10% of the shares. Such letter must contain the following information: First Name and Surname, I.D. Card/Passport Number or an equivalent document crediting their legal presence in the country, nationality and country of residence.

Signature of Legal Rep. or Attorney		Date	
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INSURANCE AGENT INFORMATION:

Name or Business Name		License No.	
Agent's Signature		Date	

FOR THE INSURANCE COMPANY USE ONLY

First Name and Surname of the Officer verifying	
Title / Occupation	Signature

"Regulated and supervised by the Superintendence of Insurance and Reinsurance of Panama".

SENSITIVE