

To be filled-in and signed by the Insured

GENERAL INFORMATION	
Corporation's Trade Name <input type="text"/>	RUC <input type="text"/>
Domicile of Incorporation <input type="text"/>	
Street Address <input type="text"/>	
P.O.Box <input type="text"/>	Phone N° <input type="text"/>
FAX N° <input type="text"/>	E-MAIL <input type="text"/>
Business' Activities <input type="text"/>	

ATTORNEY'S OR LEGAL REPRESENTATIVE'S INFORMATION

First Name and Surname <input type="text"/>	Date of birth <input type="text"/>
Place of birth <input type="text"/>	SEX <input type="text"/>
Profession, office or occupation <input type="text"/>	Civil status <input type="text"/>
ID Card / Passport N° <input type="text"/>	Nationality <input type="text"/>
Country of residence <input type="text"/>	Street Address <input type="text"/>
P.O.Box <input type="text"/>	E-mail <input type="text"/>
Phone N° (Home) <input type="text"/>	Mobile N° <input type="text"/>
	Fax N° <input type="text"/>

Please state if the Legal Representative or the Attorney or the Corporation is or has been subject to investigation, prosecution or conviction involving illicit activities or money laundering or financing terrorism offenses. If yes, please explain.

YES NO

<p>DECLARATION</p> <p>I DECLARE THAT THE PARTICULARS IN THIS FORM ARE TRUE AND COMPLETE AND THAT THE INFORMATION GIVEN IS UPDATED AND RELIABLE IN EVERY RESPECT OF WHICH I HAVE BEEN QUESTIONED.</p>

POLICY PREMIUMS EQUAL TO OR GREATER THAN US\$10,000

Are the total annual premiums paid by you equal to or greater than US\$10,000.00 Yes No

*If Yes, please answer the following questions. If No, please go to the Legal Representative' or Attorney's signature box.

DECLARATION OF SOURCE AND ORIGIN OF TRANSACTION'S FUNDS

I DECLARE THAT ALL MY ACTIVITIES ARE PERFORMED WITHIN THE LEGAL REGULATIONS AND THAT THE FUNDS USED TO PAY THE PREMIUMS MENTIONED ABOVE COME FROM THE FOLLOWING SOURCE:

(Please detail your Commercial or Business Activity)

Financial Profile

Annual Income - principal activity	<input type="checkbox"/> Less than US\$250thousands	<input type="checkbox"/> US\$250 thousands to US\$1 million
	<input type="checkbox"/> US\$1 million to US\$10 millions	<input type="checkbox"/> More than US\$10 millions
Annual income - other activities	<input type="checkbox"/> Less than US\$250thousands	<input type="checkbox"/> US\$250 thousands to US\$1 million
	<input type="checkbox"/> US\$1 million to US\$10 millions	<input type="checkbox"/> More than US\$10 millions

REFERENCES (Please give one reference each, commercial and bank)

	Name or Trade Name	Activity	Relationship with the Customer	Contact's Phone N°
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DOCUMENTS REQUIRED (Please check)

- YES** **NO** Copy of Internet print-out of the Corporation's Good Standing Certificate which must state its Legal Representative's name (www.registro-publico.gob.pa)
- YES** **NO** Copy of the Legal Representative' or Attorney's ID Card. For foreigners, please check their passport including the signature page and the document proving their legal stay in the country.
- YES** **NO** A letter from the corporation's Treasurer or Secretary or Legal Representative stating the identity of the shareholders having more than 25% of the shares. The letter must contain the following information: Name and Surname, ID Card or Passport number or equivalent proving their legal stay in the country, nationality and country of residence.

Legal Representative's or Attorney's signature		Date	
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INSURANCE BROKER'S INFORMATION (who hereby declares that he/she has checked the information supplied by the customer or contracting party in accordance with Law 59, Art. 86, N°2.)

Name or Trade Name		License N°	
Broker's Signature		Date	

TO BE USED BY THE INSURANCE COMPANY ONLY

Name and Surname of the officer who checks the documents			
Position/Occupation		Signature	

Irasema E. Avila Prestán
ID N° 8-420-953
Public Translator
Ministry of Government of Justice
Resolution N°169 of Dec., 23, 1988