

UNIQUE FORM FOR REGULATED PERSONS N°1

Pin #

To be filled-in and signed by the Insured "Know your customer" Policy - Natural Person

Resolution No.08 of October 29, 2008 of the Insurance Technical Board

To be used by Cia. Internacional de Seguros, S.A. only

GENERAL INFORMATION

FUPERN - SSRP (ALD/CFT)

First Name Middle Name Surname

Mother's Maiden Surname Husband's Surname

Date of Birth ID Card/Passport N°

Civil Status Sex Nationality Country of residence

P.O.Box Street Address

Phone N° (Home) Mobile N°

OCCUPATIONAL DATA

Profession Occupation

Company name Phone N° Fax N°

Company street address

E-mail

POLITICALLY EXPOSED PERSON

Politically exposed persons are those who perform or have performed relevant public functions for a foreign state or for their own country, for example, head of state or government, important politicians, important government, judicial or military officials, important officers of governmental industries, important officers of political parties.

¿Are you a politically exposed person? Yes No Current or previous position

DECLARATION

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

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? Yes No

*If Yes, please answer the following questions. If No, please go to the customer'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 Less than US\$10,000 US\$10,000 to 30,000 US\$30,000to50,000 More than US\$50,000

Annual income-other activities Less than US\$10,000 US\$10,000 to 30,000 US\$30,000to50,000 More than US\$50,000

REFERENCES (1. Personal, 2. Bank, 3. Commercial)

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"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL IDENTITY DOCUMENTS (Please check)

Yes No For locals: Please attach a copy of their personal identity card

For Foreigners: Please attach a copy of their passport or equivalent proving their legal stay in the country.

Customer's signature Date

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	<input type="text"/>	License N°	<input type="text"/>
Broker's Signature	<input type="text"/>	Date	<input type="text"/>

TO BE USED BY THE INSURANCE COMPANY ONLY

Name and Surname of the officer who checks the documents	<input type="text"/>		
Position/Occupation	<input type="text"/>	Signature	<input type="text"/>

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