



Claims Know your customer form Entities

If any of the information required does not apply, please write: NA

This document will not be valid if it has cross-outs or amendments. Please fill out a form for each person related to the claim.

Beneficiary data

Entity name

TAX ID number

Address (street, external number, internal number, county, zip code, city, state, country)

Tel. #1 (including area code)

Tel. #2 (including area code)

Tel. #3 (including area code)

Tel. #4 (including area code)

E-mail address

Serial number digital certificate of advanced electronic signature (if available)

Date of incorporation

Nationality

Line of business

Legal representative (name, first name)

Please attach to the format the following mandatory documents

- 1. Valid photo ID (passport, professional ID)
- 2. Proof of address (a receipt of a service, for example, light, water, telephone, gas)
- 3. Copy of the document that reliably proves its legal existence and shareholding structure duly legalized or apostilled
- 4. Copy of the document that reliably proves the power of attorney of the legal representative dully legalized or apostilled
- 5. Proof of declared address

I accept and know that the insurer will not make any payment, until it has satisfactory complied with the identification requirements established in this document.

By this means I manifest under protest of telling the truth that I have verified the data and information provided, which is correct, true and up to date.

For legal purposes for which belongs, this document will be considered as an interview. Personal data shall be processed in accordance with the provisions of the "Ley Federal de Protección de Datos en Posesión de Particulares", the relevant regulations and the privacy notice are available in the website www.aig.com.mx Please consult the privacy notice before providing your information.

X _____

Name and signature of the policy holder, customer and/or beneficiary