

COMPREHENSIVE FORM AND AFFIDAVIT NATURAL PERSON INSURANCE POLICY

Date: «__» _____ 202__.

A. INFORMATION ABOUT THE INDIVIDUAL	
Name according to the identity document:	
Residential address:	
Phone:	Email:
Document number:	Exp. Date:
Type of identity document:	Place of work:
Address of place of work:	
Specify Economic Activity (if not employed):	
Is the category you are engaged in related to Designated Non-Financial Businesses and Professions- DNFBPs: Casinos and other games of chance; Real estate agents; Dealers in precious metals and precious stones; Lawyers, notaries, accountants and external auditors (Applicable when you practice this profession and are engaged in this activity); Providers of corporate services? YES ___ NO ___ If yes, please complete the due diligence form and submit the corresponding documentation.	
Sales Tax Registered: YES ___ NO ___	
Business Registration Number / EIN (if applicable):	
Place of work:	Phone:
Position held:	
B. POLITICAL Eminent Persons (PEP's)	
Politically Exposed Persons: Those who have already held public office in our country in their country of origin, as well as their relatives in the first and second degree of consanguinity and affinity; during the five years following the year in which their appointment ceased.	
PEP'S by Relationship	
Level 1: ___	Parents, children, mother-in-law, father-in-law, father-in-law, father-in-law, mother-in-law, son-in-law, daughter-in-law.
Level 2: ___	Grandparents, brothers, sisters, grandchildren, sons-in-law, sisters-in-law of brothers and sisters, grandparents of spouse.
Have you previously held a public position?	YES ___ NO ___
Do you have any relatives in government positions?	YES ___ NO ___
Do you have business partners in government positions?	YES ___ NO ___
If yes, please complete the Politically Exposed Persons form.	
C. USE FOR CUSTOMER-FACING ADVISOR ONLY	
Name of Intermediary:	
Signature Intermediary:	
D. DOCUMENTS TO BE ATTACHED	
1. Copy of ID card	It shall be compulsory to update the information when changes occur. The Insurer may request additional information as it deems necessary.
2 Copy of tax card (if applicable)	
3 Copy of passport and residence card (for foreign nationals)	

SWORN DECLARATION

I, _____, acting on my own behalf, hereby declare under oath that all actions I carry out in relation to any operations involving the receipt, transfer, or movement of funds of any kind — including the payment of insurance premiums in the context of my relationship with SEGUROS FEDECREDITO — shall be conducted in full compliance with the contractual and regulatory conditions established by SEGUROS FEDECREDITO.

I further declare that all funds I transfer or receive in the context of financing have a lawful origin and purpose and are in no way related to crimes defined as money laundering and asset laundering, as described in Article 6 of the Law on the Prevention of Money and Asset Laundering. I will not allow third parties to deposit funds into accounts in my name if such funds originate from illicit activities, and I authorize any necessary investigations by the competent authorities.

In accordance with the Instructions of the Financial Intelligence Unit for the Prevention of Money and Asset Laundering in Financial Intermediation Institutions, I hereby provide the following information:

Source / Origin of Funds:

Method of Insurance Premium Payment:

ESTIMATED MONTHLY PROJECTED REVENUE (Ranges, Mark with an 'X')

1. from \$1.00 to \$800.00 _____	4. from \$4,500.01 to \$6,500.00 _____
2. from \$800.01 to \$2,000.00 _____	5. from \$6,500.01 to \$10,000.00 _____
3. from \$2,000.01 to \$4,500.00 _____	6. from \$10,000.01 and above _____

The information provided in this document to Seguros Fedecredito, is true and I authorize that it may be verified at any time. I acknowledge that I have completed this statement or has been read to me, understanding its contents, so I accept its terms. I exempt Seguros Fedecredito, from any liability arising from erroneous, false or inaccurate information that I have provided in this document, or the violation of the same.

E. INSURANCE

Insurance term:	Type of Insurance:
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Insured capital amount (if applicable to the type):

Insurance coverage percentage (25% – 100%):

Bank account applicable to insurance (indicate the last 4 digits):

I, _____, hereby confirm that I understand and accept that the cost of the requested insurance product, applied for through this form, will be calculated based on the information I have provided. The final cost of the insurance product will be communicated to me only after verification, approval, and confirmation of the accuracy and truthfulness of the submitted data.