Armour Secure

CUSTOMER IDENTIFICATION RECORD

TYPE OF PERSON: (MARK WITH AN X)

MEXICAN NATURAL PERSON ( ) person with Mexican nationality

NATURAL PERSON RESIDENT ALIEN ( ) temporary or permanent resident that has FM2, FM3, VISA

NATURAL PERSON FOREIGN VISITOR ( ) nonresident alien

FILE NUMBER: FME-_____

PURSUANT TO THE PROVISIONS OF THE GENERAL RULES REFERRED TO FEDERAL LAW ON PREVENTION AND IDENTIFICATION OF OPERATIONS RESOURCES FROM ILLICIT, THEREFORE I PROVIDE INFORMATION BELOW AS SHOWN:

NAME: LAST NAME, MAIDEN NAME Y NAME (S) AS SHOWN ON OFFICIAL IDENTIFICATION:

_____

DATE OF BIRTH: |___|___|___|___|___|___|

BIRTHPLACE (CITY AND COUNTRY) _____ NATIONALITY _____

LEGAL STATUS OF STAY IN MEXICO (IF APPLICABLE) _____

PLACE OF RESIDENCE _____ OCUPATION: _____

HOME PHONE NUMBER (INCLUDING INTERNATIONAL CODE) _____

OFFICE PHONE NUMBER (INCLUDING INTERNATIONAL CODE) _____

CELL PHONE NUMBER (INCLUDING INTERNATIONAL CODE) _____

E-MAIL ADDRESS_____ _____

DOCUMENT TYPE WITH NAMED WHICH YOU IDENTIFY YOURSELF _____

ISSUING AUTHORITY _____

IDENTIFICATION NUMBER: _____

DATE ISSUED: _____

EXPIRATION DATE: _____

Armour Secure

HOME ADDRESS IN MEXICO COMPLETE: (STREET NUMBER AND INTERIOR EXTERIOR, MUNICIPALITY, OR CITY, AND POSTAL CODE, COUNTRY)

_____

_____

PRIVATE HOME ABROAD ADDRESS: (STREET NUMBER AND INTERIOR EXTERIOR, MUNICIPALITY, OR CITY, AND POSTAL CODE, COUNTRY)

_____

_____

CLAVE UNICA DE REGISTRO DE POBLACIÓN (CURP) (MEXICANS AND RESIDENTS)

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

CLAVE DEL REGISTRO FEDERAL DE CONTRIBUYENTES (RFC) (MEXICANS AND RESIDENTS)

|__|__|__|__|__|__|__|__|__|__|__|__|__|

SOCIAL SECURITY NUMBER OR GOVERNMENT ACCREDITATION NUMBER OF CITIZENSHIP (IF ALIENS)

_____

INDICATE IF YOU HAVE KNOWLEDGE OF THE EXISTENCE OF BENEFICIARY OWNER YES ( ) NO ( )

IF YES TO RESPOND IN THE SECTION ABOVE INDICATE THE TYPE OF BENEFICIARY OWNER:

1) NATURAL PERSON OR MEXICAN FOREIGN RESIDENT ( )
2) NATURAL PERSON FOREIGN VISITOR ( )
3) MEXICAN LEGAL ENTITY ( )
4) FOREIGN LEGAL ENTITY ( )
5) TRUST ( )

IF ADVISED OF BENEFICIARY OWNER PLEASE COMPLETE RECORD OWNER IDENTIFICATION OF BENEFICIARY.

I DECLARE UNDER PENALTY OF PERJURY, THAT ALL INFORMATION SEATED SIGNED BY THE HEREIN, AND ANY ACCOMPANYING DOCUMENTATION IS TRUE AND CORRECT

_____ _____

DATE NAME AND SIGNATURE

DOCUMENTS TO BE ATTACHED TO THIS FORM:

A) OFICIAL IDENTIFICATION (WITH FOTOGRAPH, SIGNATURE AND ADDRESS)
B) CONSTANCIA CURP (MEXICANS AND RESIDENTS)
C) CEDULA DE IDENTIFICACION FISCAL (MEXICANS AND RESIDENTS)
D) PROOF OF ADDRESS (IF DIFFERENT FROM THE ADDRESS IS IN THE IDENTIFICATION CARD)
E) PROXY OR INSTRUMENT THAT CLEARS THE PUBLIC'S REPRESENTATIVE WHEN ACTING THROUGH A POWER OF ATTORNEY.
F) PROOF OF ADDRESS IN NATIONAL TERRITORY (MEXICO) WHEN HOME ABROAD

NOTE: ALL DOCUMENTS ATTACHED SHOULD BE IN FORCE AND HAVE LESS THAN THREE MONTHS OLD

WE HAVE THE RIGHT TO PERFORM NAME SEARCHES ON ALL CLIENTS ASSOCIATED WITH THE ESCROW ACCOUNTS.