

Company: Life Damages

A. GENERAL INFORMATION

Company name: _____
 Nationality: _____ Economic activity: _____
 Tax Identification Number: _____
 VAT (Value Added Tax) Taxpayer Registration Number: _____
 Type of VAT (Value Added Tax) Taxpayer: Big Medium Other
 Name and e-mail address of the main contact in the company: _____
 Telephone number of the main contact: _____
 Address of the company: _____
 Department and Municipality: _____
 Country: _____
 Indicate the average monthly income: _____
 Indicate the average monthly outflow: _____

B. LEGAL REPRESENTATIVE INFORMATION

Name: _____ Sex: W M
 Nationality: _____ Date of Birth: _____
 Economic Activity: _____ Identity Card Number: _____
 Tax Identification Number: _____ Occupation: _____
 Private Address: _____
 E-mail address _____ Telephone number: _____

C. OTHER INFORMATION

| | |
|--|---|
| <p>Are you a PEP'S (Politically Exposed Persons)? <small>PEPs are considered those established in Art. 9-B of the LCLDA, referred to in Arts. 236 and 239 of the Constitution of the Republic, Art. 2 letters a), b), and c) and Art. 52 of the United Nations Convention against Corruption.</small></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Are you a relative in the first and second degree of consanguinity or affinity or a close associate of a PEP'S? <small>1st degree of consanguinity: Parents, Children/2nd degree: Siblings 1st degree affinity: Wife/ 2nd degree: In-laws, brothers and sisters-in-law.</small></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Is the company related to a PEP or has a shareholder who is a PEP? <small>Note: It is considered PEP'S for a period equal to the exercise of their functions without exceeding the term of 5 years after the cessation of the same. In case one of the questions is positive, the PEP'S form must be completed.</small></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Have you been classified as a DNFBP (Designated Non-Financial Business and Professions)? <small>Note: Casinos and other games of chance, real estate agents, dealers in precious metals, lawyers, notaries, accountants and external auditors.</small></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

D. FOREIGN CLIENTS

| | |
|--|---|
| <p>1. Does your country's jurisdiction provide for anti-money laundering (AML) and counter-terrorist financing (CFT) regulation of financial institutions?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>2. Does your Company cooperate in complying with laws and regulations issued by the supervisory and regulatory body against Money Laundering and Terrorist Financing?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>3. Does your company have a Money Laundering and Terrorist Financing program that includes "Know Your Customer" (KYC) policies and procedures, in accordance with local and international laws?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>4. Is the company supervised by any AML/CFT competent authority?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

E. CONFLICT OF INTEREST

In your company, business or activity there are ASSA people (payroll employees or temporary personnel, shareholders, partners, consultants, legal representatives, etc.) who participate or have any relationship simultaneously in both institutions or who have a relationship or ties by blood or affinity with employees in any of the following ways:

| | | |
|--|------------------------------|-----------------------------|
| 1. Descendants and ascendants in a straight line (children, parents, grandparents, grandchildren etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Siblings, brother-in-law, sister-in-law or life partner of siblings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Your spouse or life partner | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Siblings, children, parents, grandchildren, grandparents, etc. of your spouse or life partner | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Any other person with whom you are related or have family ties. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Is the activity of your family member or relative remunerated? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please give details:

- Full name of each person in the company (payroll employees or temporary staff, shareholders, board members, etc.),
- The relationship or activities and the time of performance

F. INFORMATION ON SHAREHOLDERS WITH MORE THAN 10% PARTICIPATION (BENEFICIAL OWNERS UP TO NATURAL PERSON)

| Nº | Name | Nationality | Personal Identity Card Number | Percentage of participation |
|----|------|-------------|-------------------------------|-----------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

G. DOCUMENTS TO BE ATTACHED TO THIS FORM

| REINSURERS | REINSURANCE BROKERS |
|---|---|
| a. Integral form for Reinsurer and Reinsurance Brokers, Sworn Statement b. Politically Exposed Person Form (If applicable) c. Financial statements of the reinsurer, duly audited, corresponding to the last 2 previous years. d. Current credential from the Superintendence of the Financial System. e. Validation in World Check and Restricted Lists. | a. Integral form for Reinsurer and Reinsurance Brokers, Sworn Statement b. Politically Exposed Person Form (If applicable) c. Audited financial statements corresponding to the last 2 previous years. d. Current credential from the Superintendence of the Financial System. e. Updated list of reinsurers with which the reinsurance broker usually works. f. Validation in World Check and Restricted Lists. |

DECLARATION SWORN

I: _____, in my capacity as: _____

(Legal Representative, Attorney-in-Fact, or Delegate of the Reinsurer) of _____

(Name of the entity) declare under oath, in my own right, that I submit all the acts that I perform through any operation that implies reception, delivery or transfer of funds under any modality, in no way are related to the crimes generating Money Laundering and Asset Laundering described in Article 6 of the Anti-Money Laundering Law, Furthermore, in compliance with the Instructions of the Financial Investigation Unit, I detail that all the values that the company delivers and receives coming from the business of the company and have and will have an origin and a destination that in no way are or will be related to the crimes generating the laundering of Money and Assets, Financing of Terrorism and Financing of the Proliferation of Weapons of Mass Destruction. I release the Company from any liability arising from any erroneous, false or inaccurate information provided in this document, or from the violation of this document (All information provided is subject to verification and I assume responsibility for it).

Place and Date

Signature of the Supplier or Proxy
In case of legal entity, place the company's seal