



UNIQUE FORM FOR REGULATED SUBJECTS - No.1
Know Your Client Policy for Natural Persons
 Agreement No. 3 of the Board of Directors of the Superintendencia of Insurance and Reinsurance of Panama, July 27, 2015.
 FUPERN - SSRP
 (BC/FT/FPADM)

GENERAL INFORMATION			
First Name	Second Name	Father's Surname	
Mother's Maiden Surname	Married Surname		
Date of Birth	I.D. Card/Passport No.		
Civil Status	Sex		
Nationality	Country of Residence		
P.O. Box No.	Residence Address		
Residence Phone No.	Mobile No.		
Personal e-mail			
OCCUPATIONAL DATA			
Profession	Occupation		
Company's Name	Company's Address		
Phone	Fax		
e-mail			
POLITICALLY EXPOSED PERSON			
<p>Politically exposed persons are those who hold or have ever held leading public positions in a foreign country or in their own country, for example, a head of state or government, prominent political leaders, high rank governmental or judicial or military officers, high executives of a state-owned company, important officers of political parties.</p>			
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/>		Current or former position:	
DECLARATION I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE AND THAT THE QUESTIONS HAVE BEEN ANSWERED IN AN ACCURATE AND UPDATED MANNER IN ALL RESPECTS.			
INSURANCE POLICIES WITH ANNUAL PREMIUMS EQUAL TO OR GREATER THAN US\$ 10,000.00			
Are the total annual premiums paid by you equal to or greater than US\$10,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>			
* If you answered Yes, please, complete the following questions. If the answer is No, go to the Legal Representative or Legal Attorney's signature box below.			
DECLARATION OF SOURCES OR ORIGIN OF RESOURCES OF THE TRANSACTION			
I HEREBY DECLARE THAT ALL MY ACTIVITIES ARE DEVELOPED WITHIN THE LEGAL REGULATIONS AND THAT THE RESOURCES USED TO PAY THE SAID INSURANCE DERIVE FROM THE FOLLOWING SOURCES: (Detail your Commercial or Business Activity) _____			
FINANCIAL PROFILE			
Annual Income from main activity <input type="checkbox"/> Less than US\$10,000 <input type="checkbox"/> US\$10,000 to 30,000 <input type="checkbox"/> US\$30,000 to 50,000 <input type="checkbox"/> More than US\$50,000			
Annual Income from other activities <input type="checkbox"/> Less than US\$10,000 <input type="checkbox"/> US\$10,000 to 30,000 <input type="checkbox"/> US\$30,000 to 50,000 <input type="checkbox"/> More than US\$50,000			
REFERENCES (1- Personal, 2- Bank, 3-Commercial)			
Name or Business Name	Activity	Relationship with the Client	Contact's Phone
1			
2			
3			
PERSONAL IDENTITY DOCUMENTS (Verify):			
Yes <input type="checkbox"/> No <input type="checkbox"/> For Nationals: Please, attach a copy of the personal identity card. For Foreigners: Please, attach a copy of the passport or equivalent document accrediting the legal status in the country.			
Client's signature			Date
INSURANCE AGENT INFORMATION:			
Name or Business Name			License No.
Agent's Signature			Date
FOR THE INSURANCE COMPANY USE ONLY			
First Name and Surname of the Officer verifying			
Title / Occupation		Signature	