Insurgentes

INTERVIEW TO BUSINESS ENTITIES SUBJECT TO THE STATED IN SECTION 492 IN THE INSURANCE AND SURETY BONDS INSTITUTIONS LAW

PRIVACY NOTICE

Aseguradora Insurgentes S.A. de C.V. entity authorized by the National Sureties and Bonds Commission, to operate as a sureties institution to carry out damage operations in the surety and credit lines, which also includes the practice of surety bond lines and sub-branches, by authorization of change of corporate name in terms of publication in the Official Gazette of the Federation dated February 10, 2023; domiciled at Avenida Periférico Sur 4829, piso 8, Col. Parque del Pedregal, Alcaldía Tlalpan, C.P. 14010, Ciudad de México, México, collects, processes and uses your Personal Data for the following MAIN PURPOSES, which are necessary and give rise to the legal relationship between you and ASEGURADORA INSURGENTES: (a) identification for the issuance of surety insurance policies, surety certificates; credit insurance policies and corporate surety bond policies, the practice of surety bond branches and sub-branches contracted with the SURETY INSTITUTION, being able to use for this purpose, automated processes in which the valuation of a natural person does not intervene; pursuant to the provisions of the Federal Act for the Protection on Personal Data in Possession of Private Parties and its Regulations; (b) Management and administrative follow-up of insurance, bonds and obligations derived from operations entered into prior to the granting of the authorization of the National Sureties and Bonds Commission, with respect to the change of its legal nature, from a bonding institution to an surety institution; (c) To provide the services and products you have requested, including billing, administrative management, collection, file formation, and their conservation until their cancellation, annulment or renewal; (d) execution of contracts and agreements to provide the services and products you have requested; (e) inform you about changes in the same; (f) comply with the contractual obligations contracted with you; (g) comply with legal obligations; (h) execute contracts and agreements with third parties acting on our behalf; (i) evaluate the quality of services; (j) inform you about new services and products related to the service contracted by you. And as SECONDARY PURPOSES for which we require your consent, those related to promotion, commercial prospecting of advertising and marketing; referencing, commercial mediation and advice on commercial transactions. The full content of this NOTICE, changes that may occur in it, third parties with whom we share your personal information and how you can exercise your ARCO rights, are available by accessing the link: www.insurgentes.mx or by contacting our privacy office at the physical address above or by e-mail oficinadeprivacidad@aserta.mx Telephone: (55) 5447-3800 y (55) 5447-3900 Ext. 3947

La presente debe ser utilizada únicamente para fines de consulta, la versión que debe firmarse, es la que se encuentra en idioma español.

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| | | Date Day | Mon | ıth | _Year _ | |
|--|---------------------------|--------------------------------|---------------------------|-----------------------|----------------|--------------------|
| Business Entity | Applicant | Obligor | Co-c | bligor | | |
| To be filled in by the App | licant, Obligor, Co-obl | igor, Business entity o | f Mexican or fo | reign national | lity. | |
| Company'sInformation | | | | | | |
| Name, corporate purpose | : | | | | | |
| Commercial aim, activi | ity or corporate purp | ose: | | | | |
| Date of incorporation | | | | | | |
| Mercantile Folio No.: *Ta | axpayer's ID/Tax ID/ Ta | ax code: | | | | |
| *Advanced Electronic Sig **E-mail: | nature Digital Certificat | te Serial No.: | | _ Website: | | |
| | | | | | *Whenev | er it is available |
| A deluce a sin Mássia a | | **For communications | , invoices, receipts or f | iscal documents to be | e sent in elec | ctronic manner |
| Address in México | | | | | | |
| Street: | | | | _Nº Ext.Nº | Int | |
| Street: | | | | Zip code: | | |
| Neighborhood: Mayoralty or Municipality:City / Vill | | | | | | |
| | | | | | | |
| | Country:State: | | | Telephone Long | | |
| Distance. Code: | Distance. Code:Number(s): | | | | | |
| Legal Representative, Mana signature Paternal last name: | | Materna | ıl last name: | - | - | |
| Name(s): Home address at country of e | | | | | | |
| | | | | | | |
| Street: | | | | _Nº Ext | | |
| Neighborhood: | | | | Zi | | |
| Mayoralty or Municipality: | | | | | | |
| | ~ | | | Country: | | |
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| Long distance code: | | | _Number(s): | | | |
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THE APPLICANT AND ITS CO-OBLIGORS HEREBY STATE UNDER OATH THAT THE INFORMATION HEREIN PROVIDED IS TRUE. THEREFORE, THEY ARE RESPONSIBLE FOR VERACITY THEREOF FOR ALL LEGAL PURPOSES THAT MAY APPLY.

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