

APPLICATION-CONTRACT

Personal Interview

General information of client

Name(s)		Paternal Surname		Maternal Surname	
Business Line		Address visited		The client was interviewed at the branch	
		<input type="radio"/> Where his/her economic activity is carried out <input type="radio"/> Tax address <input type="radio"/> Office <input type="radio"/> Home		<input type="radio"/> Yes <input type="radio"/> No	
Street	Number	Suite/Office	Neighborhood		
Zip Code	City or Township	Subdivision or Municipality	Country		
Telephones: Office/Work	Home	Mobile / Cellular	E-mail Address		
Person being interviewed			Position/Title		
Does he / she have a car/truck fleet?	Does he / she have surplus in treasury?	Does he / she have any loan?	Does he / she carry out remittance operations?		
<input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 20<	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
Number of employees	Main competitors		What other institutions does he / she operate with?		
Geographic coverage		Branches or cities where he / she carry out operations	Specify the cities		
<input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Regional <input type="radio"/> National <input type="radio"/> International		<input type="radio"/> 1 to 5 <input type="radio"/> 6 to 10 <input type="radio"/> 11 to 25 <input type="radio"/> 26 to 50 <input type="radio"/> More than 50			

Information of the real property visited

Type of real property	Other, specify	The real property is	Other, specify
<input type="checkbox"/> Home <input type="checkbox"/> Operating facilities <input type="checkbox"/> Offices <input type="checkbox"/> Department		<input type="radio"/> Own <input type="radio"/> Leased <input type="radio"/> Other	
General impression of facilities		Description of facilities:	
<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Regular <input type="radio"/> Bad		WHITE HOUSE WITH BLUE, BLACK GATE WITH TILES ON [...]	
Is there coherence between the address visited and the client's activity?	Does he/she have warehouses, branches, points of sale?	Number of branches/offices / points of sale	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Less than 5 <input type="radio"/> 6 to 10 <input type="radio"/> More than 10	

Location/air view

View of facade/View of street

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Comments as to the interview

THE CLIENT WILL GO TO STUDY TO CANADA FOR HALF A YEAR AND WANT TO HAVE A MULTI-CURRENCY CARD TO BE ABLE TO USE IT TO PAY FOR HIS/HER EXPENSES WHILE STAYING THERE.

Prepared by
Corporate Advisor

Client

Reviewed by
Business Director

Name and Signature
Date:

Name and Signature
(If interviewing the client at the branch)

Name and Signature

APPLICATION-CONTRACT
INFORMATION REGARDING THE ACCOUNT REQUESTED

Type INTERCUENTA ENLACE INTERCAM	Number	Branch
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Place

Date
GENERAL DATA OF "CLIENT"

HOLDER		
Type of Signature	Special Instruction	Regime of Account
<input type="radio"/> Individual <input type="radio"/> Joint <input type="radio"/> Special	No Instructions	<input type="radio"/> Individual <input type="radio"/> Joint <input type="radio"/> Special
Name(s)	Paternal Surname	Maternal Surname

ADDRESS:						
Home:		Street, Avenue or Road	Number	Suite/ Office	Neighborhood or Urbanization	Subdivision or Municipality
City or Township	Federal Entity/State	Country	Zip Code	Telephone to locate the client (including LADA code)		
Work:		Street, Avenue or Road	Number	Suite/ Office	Neighborhood or Urbanization	Subdivision or Municipality
City or Township	Federal Entity/State	Country	Zip Code	Telephone to locate the client (including LADA code)		
Tax Address:		Street, Avenue or Road	Number	Suite/ Office	Neighborhood or Urbanization	Subdivision or Municipality
City or Township	Federal Entity/State	Country	Zip Code	Telephone to locate the client (including LADA code)		
Cellular Telephone	E-mail Address	Sole Population Registration Code (C.U.R.P.) for Mexican residents		Advanced Electronic Signature (FIEL)		
Profession		Place where the Client work		Position		
Entrepreneurial Activity		Economic Activity, Banco de México		Economic Activity, National Institute of Statistics, Geography and Informatics (INEGI)		

Nationality(ies)		Citizenship country		Country where his/her tax residence is located	Tax identification code (RFC-EIN number or equivalent in each country)	
Country of Birth		Date of Birth	Federal entity of birth, State or Province	Document of Legal Stay	Gender	Marital Status

APPLICATION-CONTRACT

DEBIT CARDS

INSTRUCTIONS OF "CLIENT"

I authorize Intercam Banco, S.A., Institución de Banca Múltiple, Intercam Grupo Financiero to associate the account indicated below with the debit "cards" that may be issued in accordance with this contract:

Account number

Type of Account

DESIGNATION OF ADDITIONAL CARDHOLDERS

I authorize Intercam Banco, S.A., Institución de Banca Múltiple, Intercam Grupo Financiero to issue additional debit "cards" in name of the persons (additional cardholders) indicated below under the terms of the section related to the "provisions applicable to debit cards" hereof:

(note: it is indispensable to attach official identifications of the additional cardholders)

NAME OF AUTHORIZED PERSONS (ADDITIONAL CARDHOLDERS)

Name(s)	Paternal Surname	Maternal Surname
Name(s)	Paternal Surname	Maternal Surname

Notifications

E-mail Address	Telephone

If not choosing any notification means, Intercam Banco, S.A., Institución de Banca Múltiple, Intercam Grupo Financiero will not be able to notify you on the operations or contracting that are made in your name.

BENEFICIARIES

(IN CASE OF DEATH OF "THE CLIENT")

(Applicable only when appearing personally and not through attorney-in-fact)

If the client does not want to appoint beneficiaries, Intercam Banco shall act under the terms set forth in the common legislation.

"I DO NOT want to appoint beneficiaries, provided that I, as CLIENT, may add at any time new beneficiaries, or else, replace or revoke those that have been previously appointed, as well as to modify, as the case may be, the proportion corresponding to each of them, action that I shall evidence in writing by means of the document that I subscribe to such end. Intercam Banco shall understand that the last appointment shall cancel any other appointment previously made".

Name(s)	Paternal Surname	Maternal Surname	Relationship	Percentage	Tax identification code (RFC-EIN number or equivalent in each country)
*****	*****	*****	*****	*****	*****
Date of birth	Country of birth	Federal entity of birth	Nationality	Gender	Sole Population Registration Code (C.U.R.P.) Mexican residents
*****	*****	*****	*****	*****	*****
Home Address: Street, Avenue or Road			Number	Suite/Office	Neighborhood or Urbanization
*****			*****	*****	*****
City or Township	Federal Entity/State	Country	Zip Code	Subdivision or Municipality	
*****	*****	*****	*****	*****	

Name(s)	Paternal Surname	Maternal Surname	Relationship	Percentage	Tax identification code (RFC-EIN number or equivalent in each country)
*****	*****	*****	*****	*****	*****
Date of birth	Country of birth	Federal entity of birth	Nationality	Gender	Sole Population Registration Code (C.U.R.P.) Mexican residents
*****	*****	*****	*****	*****	*****
Home Address: Street, Avenue or Road			Number	Suite/Office	Neighborhood or Urbanization
*****			*****	*****	*****
City or Township	Federal Entity/State	Country	Zip Code	Subdivision or Municipality	
*****	*****	*****	*****	*****	

Name(s)	Paternal Surname	Maternal Surname	Relationship	Percentage	Tax identification code (RFC-EIN number or equivalent in each country)
*****	*****	*****	*****	*****	*****
Date of birth	Country of birth	Federal entity of birth	Nationality	Gender	Sole Population Registration Code (C.U.R.P.) Mexican residents
*****	*****	*****	*****	*****	*****
Home Address: Street, Avenue or Road			Number	Suite/Office	Neighborhood or Urbanization
*****			*****	*****	*****
City or Township	Federal Entity/State	Country	Zip Code	Subdivision or Municipality	
*****	*****	*****	*****	*****	

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Date of birth	Country of birth	Federal entity of birth	Nationality	Gender	Sole Population Registration Code (C.U.R.P.) Mexican residents
*****	*****	*****	*****	*****	*****
Home Address: Street, Avenue or Road			Number	Suite/Office	Neighborhood or Urbanization
*****			*****	*****	*****
City or Township	Federal Entity/State	Country		Zip Code	Subdivision or Municipality
*****	*****	*****		*****	*****



SERVICE AND MULTIPLE BANKING PRODUCTS AGREEMENT

APPLICATION-CONTRACT

Number:	<input checked="" type="radio"/> Mexican Currency	Branch:	Place and Date of signature:
Number:	<input type="radio"/> US dollars		
Legacy currencies:			

STATEMENT

I (we) state under affirmation that all the data indicated above are true and correct, and authorize Intercam Banco, S.A. Institución de Banca Múltiple, Intercam Grupo Financiero, to prove them at its entire satisfaction.

I (we), the undersigned, state under affirmation that upon signing this Application-Contract it will be my (our) will to grant my/our express consent to execute the "SERVICE AND MULTIPLE BANKING PRODUCTS AGREEMENT" with Intercam Banco, S.A. Institución de Banca Múltiple, Intercam Grupo Financiero, which hereby provides me (us) with an original counterpart of such agreement, including all the exhibits thereto, which shall be also available on the website www.intercam.com.mx.

To such regard, I (we) state to be aware on the contents and legal scope of the "SERVICE AND MULTIPLE BANKING PRODUCTS AGREEMENT", which is entered in the Registry of Adhesion Agreements of the CONDUSEF (acronym in Spanish of the National Commission for Protection and Defense of Users of Financial Services), under the number indicated in this Application-Contract, which is hereby executed at my (our) entire agreement, at the place and on the date indicated herein.

According to the provisions of article 78 of the Code of Commerce, I accept the facsimile signature of the legal representative of INTERCAM BANCO subscribed in this Application-Contract and in the Agreement as if it were an autograph signature.

INTERCAM BANCO S.A., INSTITUCIÓN DE BANCA MÚLTIPLE, INTERCAM GRUPO FINANCIERO

Signature of "Client" or his/her representative(s) and/or Attorney(s)-in-fact

José de Jesús Pacheco Meyer

The "CLIENT" hereby expressly authorizes "INTERCAM BANCO" to provide to any of the entities comprising the Financial Group to which "INTERCAM BANCO" belongs, its subsidiary, Intercam Banco Internacional, Inc., as well as to Intercam Arrendadora, S.A. de C.V., Intercam, Agente de Seguros y de Fianzas, S.A. de C.V. and Quanta Shares, S.A. de C.V., with the data and documents related to his/her personal and financial information stated in the file created by "INTERCAM BANCO", arising from the financial services the "CLIENT" has executed with "INTERCAM BANCO", in order to facilitate the business relationship the "CLIENT" intends to establish with the entities indicated in this paragraph.

Due to the foregoing, the "CLIENT" expressly acknowledges and agrees that "INTERCAM BANCO" does not infringe at any time the bank secret stated in the Law of Credit Institutions, upon providing, in terms of this clause, to any of the providers or the companies indicated in the foregoing paragraph, the "CLIENT'S" data and documents. The "CLIENT" may revoke the authorization granted to "INTERCAM BANCO" to share his/her information and documentation at any time, through writing that is to be delivered through any branch of "INTERCAM BANCO", and "INTERCAM BANCO" must provide the "CLIENT" with the corresponding acknowledgement of receipt in order for the revocation of the authorization to be considered delivered.

According to the foregoing paragraph, I authorize to share my data:

Signature of "Client" or his/her representative(s) and/or Attorney(s)-in-fact

With the entities previously indicated.

For marketing and advertising purposes.

We hereby expressly authorize Intercam Banco, S.A. Institución de Banca Múltiple, Intercam Grupo Financiero to request information of our credit operations and other operation of similar nature that we are carrying out or that we have carried out with other financial entities and business companies, to the credit information companies, and also authorize it in order for the financial and proprietary information that we have provided thereto, as well as the information obtained from the credit information companies, to be disclosed and shared with the financial entities belonging to Intercam Banco, S.A. Institución de Banca Múltiple, Intercam Grupo Financiero and its other subsidiaries; provided that we expressly state to be fully aware of:

- 1.- The nature and scope of information that is to be provided by the credit information companies.
- 2.- The use that Intercam Banco, S.A. Institución de Banca Múltiple, Intercam Grupo Financiero shall give to such information.
- 3.- That Intercam Banco, S.A. Institución de Banca Múltiple, Intercam Grupo Financiero may make periodical consultations on our credit history report throughout the time this authorization is in force.

This authorization shall be in full force and effect for a term not exceeding three years after being granted, or throughout the time it is in full force and effect and there is a legal relationship with the "CLIENT".

Signature of "Client" (or his/her legal representative)



SERVICE AND MULTIPLE BANKING PRODUCTS AGREEMENT

APPLICATION-CONTRACT

Number: Number: Legacy currencies:	<input type="radio"/> Mexican Currency <input type="radio"/> US dollars	Branch:	Place and Date of signature:

Signature of "Client" (or his / her legal representative)

Data of entry in the registry of adhesion agreements:

1623-437-008334/23-03553-0822

For any Doubt, Clarification and Claims: The claim procedure set forth in article 23 of the Law for the Transparency and Regulation of the Financial Services [Ley de Transparencia y Ordenamiento de los Servicios Financieros] is described in clause Seventeen of chapter XII. To follow such procedure to file the relevant claim, you must contact the Specialized Unit of Attention to Users located at:

Avenida Paseo de las Palmas No 1005, piso 1, Col. Lomas de Chapultepec, Alc. Miguel Hidalgo, C.P. 11000, in Mexico City.

Telephone: (55)5033 3334 Ext. 3841 or 3345. E-mail address: une@intercam.com.mx Website: www.intercam.com.mx

CONDUSEF: Telephone 800 999 8080 and 55 5340 0999 Website www.condusef.gob.mx