COMPANY BENEFICIAL OWNERSHIP DISCLOSURE FORM

(PLEASE USE BLOCK LETTERS)

1. PLEASE PROVIDE THE FOLLOWING INFORMATION

Company Name:	Full Legal Name of Company		
Policy / Group Number:	Bupa Policy or Group Number		
Physical Business Address	Street Address		
City	State/ Region	Postal Code	Country
Telephone Number		Contact Name	
Contact email address			

2. BENEFICIAL OWNER / SHAREHOLDER* INFORMATION

Please provide complete names of all beneficial owners/shareholders who own 25% or more of the company

***Beneficial Owner/ Shareholder:** Each individual who owns, directly or indirectly, 25% or more of the equity interests of the company (e.g., each natural person that owns 25 % or more of the shares of the company). If beneficial owners are other companies, please continue disclosure through all the company layers, up to the top level of ownership. If no individual(s) meet this definition, please identify individual(s) with significant responsibility for managing the company (Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, etc.)

Shareholder 1	Full Name (First, Middle and Last Names)	% of Ownership	
Residential address of Shareholder	Street Address		
City	State/ Region	Postal Code	Country
Date of birth	MM/DD/YYYY	Nationality of Shareholder	
Shareholder 2	Full Name (First, Middle and Last Names)	% of Ownership	
Residential address of Shareholder	Street Address		
City	State/ Region	Postal Code	Country
Date of birth	MM/DD/YYYY	Nationality of Shareholder	
Shareholder 3	Full Name (First, Middle and Last Names)	% of Ownership	
Residential address of Shareholder	Street Address		
City	State/ Region	Postal Code	Country
Date of birth	MM/DD/YYYY	Nationality of Shareholder	

3. PRIVACY NOTICE

Bupa Global Latin America, as the party who controls the data collected in this form, respects your privacy. Bupa Global Latin America will treat data collected from you in accordance with our online privacy notice, available at www.bupasalud.com. The information we collect from you in this form is necessary for the purposes of performing checks in relation to sanctioned companies or individuals and to prevent or detect any unlawful activity. By submitting the form, you consent to Bupa Global Latin America using the information provided by you for this purpose. For any questions please contact privacyoffice@bupalatinamerica.com.

4. SIGNATURES

Authorized Signature		Date	MM/DD/YYYY
Print Name	Full Name (First, Middle and Last Names)		
Print Name	Full Name (First, Middle and Last Names)		