



Informed consent

I declare that ASSA COMPAÑÍA DE SEGUROS COSTA RICA S.A. legal ID 3-101-593961 (hereinafter "ASSA") will be the recipient and will store all the information that you provide, and/or that ASSA collects from previously authorized third parties, this information will be stored in the database of which ASSA is responsible. To offer its services, ASSA may use personal information (depending on the type of insurance in question) such as, but not limited to personal data, contact information, medical history, physical conditions, health or illnesses, clinical history, activity, and financial information, asset information to be insured when applicable and beneficiary information. Collaborators, intermediaries, suppliers, and reinsurance companies, national or international external adjusters may consult this information. I understand and consent that through the CREDID system of ALUDEL LIMITADA, legal ID 3-102-189003, ASSA can consult the GLOBAL ID – GENERAL database for which the companies GLOBAL ID ON LINE COSTA RICA S.A., legal entity ID, are responsible. Number 3-101-552730, expressly authorizing: a. A CREDID to collect my information from public databases and the GLOBAL ID – GENERAL databases, for which the company GLOBAL ID ON LINE COSTA RICA S.A. is responsible for making them available to ASSA. b. That the collected information by CREDID from public databases be included by GLOBAL ID ON LINE COSTA RICA S.A. in the GLOBAL ID – GENERAL S. A. ASSA database to collect and maintain in its own database the information that CREDID collects for your name and account. At any time I can by email servicio@assanet.com or at the ASSA offices in the Forum 1 Building F office, first floor, or at the CREDID offices located in San José, Curridabat, 150 meters west of Plaza Cristal, or through the website www.credid.net, perform the rights of access to personal data (know what data they have), rectification (modify some data) or deletion (delete any data that you no longer want to be in the database). I understand that ASSA's purpose is to comply with assessing the risks that are going to be insured, as well as the risk of client acceptance, as well as commercial prospecting activities. I will inform ASSA of any information changes. Likewise, I accept that all the data that will be provided is optional; however, if I refuse to provide any information or give consent to be verified in third-party databases by what is indicated above, ASSA may be unable to provide some of its services. Likewise, ASSA may (in case the insurance to taken as justified), upon request of my specific consent, request information about myself from doctors, hospitals, clinics, or any other medical center in which I may have been treated or cared for. In general terms, by signing this document I am authorizing ASSA, ALUDEL, and GLOBAL ID in the relevant matter in an express and informed manner.

I _____ (name), identification card number _____ give my informed consent at _____ (hours) of the day _____ (date).

Signature