

TYPE OF APPLICANT		<input type="checkbox"/> CUSTOMER <input type="checkbox"/> SERVICE PROVIDER <input type="checkbox"/> SUPPLY PROVIDER <input type="checkbox"/> INTERMEDIARY/BROKERAGE	
TYPE OF REGISTRATION			
<input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION <input type="checkbox"/> CANCELLATION			
BANK	TYPE OF ACCOUNT		CURRENCY
	<input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CHECKING ACCOUNT		<input type="checkbox"/> DOLLARS <input type="checkbox"/> COLONES
ACCOUNT No.:		CUSTOMER ACCOUNT No.:	
IBAN ACCOUNT No.:			
BASIC ACCOUNT INFORMATION			
IDENTIFICATION TYPE	IDENTIFICATION NUMBER	LEGAL NAME OR NAME AND LAST NAME	
PHONE NUMBER(S)			
EMAIL		TYPE OF EMAIL:	<input type="checkbox"/> CORPORATE-BASED <input type="checkbox"/> PERSONAL
<p>I understand that this is a service through which Oceánica de Seguros will deposit directly into my bank account the required payments, providing me safety and comfort. Therefore, my information has been provided above. I authorize Oceánica de Seguros to make payments through electronic fund transfer.</p>			
Signature of the natural person or legal representative			
ACKNOWLEDGEMENT RECEIPT			
Name and signature of the person in charge of receiving and reviewing the form		Signature, date and time of receipt by the administrative area	

