

This questionnaire must be completed by the Third Party itself and must be answered in its entirety in full with handwritten signature or by any digital means.

1. General information.

By signing this questionnaire, I declare under oath of truth, that I have carried out the necessary procedures and consultations to ensure that the answers provided in this document are truthful and complete.

Prepared by:		
Charren	(Name)	
Charge:		
Signature:	Date:	
Phone cell:	Phone Number:	
Email:		
Full legal name:		
Country, date of incorporat	tion and registration of the natural or legal person:	
Turn of the company or cor	rporate purpose:	
Conventional address:		
Tax Address:		
Country(ies) where you con	nduct your business or services:	
Phone:	Weh Site:	

1/6



Na	ame		Period
the case of legal entities,	provide a list of the	shareholders who have more th	nan 10% and their nationality.
Name		%Percentage	Nationality
	t relate the group	structure) until you reach to t	ling company, subsidiary, affiliate he last holder or beneficiary. If the
tc., in which case you mus oformation is extensive, pla	t relate the group ease place it at the e	structure) until you reach to t	he last holder or beneficiary. If the

FSI-07

Elaborate by

Date of emission



Name		Charge	Nationality		Year of birth
dicate the country(ies) wh	ere vour c	ompany will obtai	in the resources (financial	and mat	erial, if applicable) f
mmercial Agreement?	cre your e	ompany win obtai	m the resources (maneral	and mae	erial, il applicable, i
nich subsidiaries or other plicable? In case it does n	_		e with your company in th	e propos	ed project/associati
plicable: Ill case it does il	ос арріу пі	idicate N/A			
					۸ مدنی بند.
Name			Relation		Activity
Name			Relation		Activity
Name			Relation		Activity
Name			Relation		Activity
Name			Relation		ACTIVITY
	ne people v		Relation nsible for working with P.N	Л.I. Tradi	
	ie people v			Л.I. Tradi	
rite down the details of th	ne people v	vho will be respor	nsible for working with P.N	Л.I. Tradi	ng Designated Activ
rite down the details of th	e people v	vho will be respor	nsible for working with P.N	Л.I. Tradi	ng Designated Activ
rite down the details of th	ie people v	vho will be respor	nsible for working with P.N	Л.I. Tradi	ng Designated Activ
rite down the details of th	ne people v	vho will be respor	nsible for working with P.N	Л.I. Tradi	ng Designated Activ
rite down the details of th	e people v	vho will be respor	nsible for working with P.N	Л.I. Tradi	ng Designated Activ
rite down the details of th Name		who will be respor	nsible for working with P.N		ng Designated Activ Year of Birth
rite down the details of th Name You plan to use intermedia	aries or oth	who will be responded. Charge her people who are people who are people.	nsible for working with P.N. Nationality Te not part of your organizes signated Activity Company	ation, to	ng Designated Activ Year of Birth carry out procedure
Name Nou plan to use intermediativices on behalf of or inexico or public officers also	aries or oth favor of P proad, ider	who will be responded. Charge The people who are	nsible for working with P.N. Nationality re not part of your organiz	ation, to	ng Designated Activ Year of Birth carry out procedure other public servarith you, and the activity and the activity of the a
Name You plan to use intermedia	aries or oth favor of P proad, ider	who will be responded. Charge Ther people who are pointify the name(s) eck "NO".	nsible for working with P.N. Nationality Te not part of your organizes signated Activity Company	ation, to	ng Designated Activ Year of Birth carry out procedure

FSI-07 Elaborate by



Bank

10.	Bank	Account	Inform	nation

Account beneficiary

Account beneficially	Bank	Account registration country
11. Do any of the bank accounts have	a beneficiary that doesn't match your compa	nv name?
)	,
Yes No No	<u>, </u>	
Reason?		
12. Are any of the bank accounts regis	tered in a tax haven or in a sanctioned bank	k or country?
Yes No No		
Reason?		
SECTION I.		
SECTION I:		
 Indicate if any of your employees, sha officer"? 	reholders, or members of your upper mana	gement a "public servant or public
Y	N (<u> </u>
Ye <u>s C</u>	No(

If yes, please provide a list of the government offices where your employees, shareholders or members of your upper management are public servants or public officers, as well the position and the period of functions in government.

Name	Charge/Government Position	Period

2.	Indicate if any of your employees, shareholder, or member of upper management of your company are related (by
	relationship, blood relationship, affinity; or by business associations or investments, etc.) currently or in the past
	(last 24 months) to a "public servant or public officer"?

	1
Yes)

FSI-07

Elaborate by:

Date of emission

Page

Account registration country



If yes, describe the relationship between that person and the public servant

Name of Employee/ Shareholder / Officer	Relationship with the Public or Officer or public officer	Name of public servant or <i>Public</i> officer
3. Does the company, any of its affiliates or surelated to one of them, whether as a share of any other person? another way?	•	•
Yes O	No	
If yes, indicate the name of the "public serv	ant", and his total share as a percentage.	
Name of Public Servant or Public Officer	Type of Link (Shareholder, Investor, Partner,	Etc.) % Participation

SECTION II

1.	. Does any of your key Employees or member of the senior management of your organization provide or will provide
	financial or other benefits to any employee, agent and/or representative of PEMEX, its subsidiary productive
	companies and/or affiliated companies; or to any server or public officer or a member of the his family (e.g.
	educational or medical assistance, housing)?

Yes No No

If yes, please explain. Provide a list of all benefits granted, the name of all recipients of such benefits, and their relationship to the "public servant" (e.g., cousin, sister, etc.).

FSI-07

Elaborate by

Date of emission



Due Diligence Renewal Questionnaire Name of public servant or the Name of the family member of the Benefit granted or to be granted Family employee, representative and /or server or public officer or of the bond agent of PEMEX, its subsidiary employee, representative and / or productive companies and / or its attorney of PEMEX, Its subsidiary affiliated companies productive companies and /or its affiliated companies 2. Indicate if any public servant, employee, attorney and / or representative of PEMEX, its subsidiary companies and / or affiliates companies, any public servant or public officer or a member of the family of the aforementioned have any interest, or will benefit in any way, as a result of the Commercial Agreement? Yes If yes, please explain: 3. Have you, or any key Employee or member of your organization's senior management, been convicted of a money laundering, fraud, or corruption offense in any country, including where the Trade Agreement will be developed or are there any legal proceedings of this nature pending? No If yes, describe the charges for which you or key members of your organization have been convicted or are currently pending proceedings, and when happened. 4. Is there any pending litigation or legal process against your organization, or any key employee or member of senior management, initiated by any government entity of any country including in which the Trade Agreement will be developed, the outcome of which could affect you? Yes If yes, please explain.