

REQUIRED DOCUMENTS		
YES	NO	DOCUMENT
		1. Valid Trade License – Minimum of 3 months before expiration
		2. Company Registration Documents <ul style="list-style-type: none"> - Memorandum of Association (and necessary amendments, if any) - Articles of Incorporation - Shares Certificate
		3. Passport Copy / Visa Page of the following: <ul style="list-style-type: none"> - Beneficial Owners / Shareholders - Authorized Signatory/ies - Person/s who will operate the account
		4. Latest Utility Bill or Tenancy Contract of the following: <ul style="list-style-type: none"> - Registered Address (as per the license) - Office/Principal Address (primary address where the business activity is performed)
		5. Board Resolution – stating the intention to open an account and its purpose, with information of the person who will operate the account.
		6. Duly Completed Application Form – Initials on each page.
		7. Bank Letter of Good Standing and/or Trade Reference Letter - please submit at least one
Your comments here:		
Important Information: <ul style="list-style-type: none"> - Kindly send the scanned copies of the required documents to compliance@aletihadgold.com for the initial assessment. We will advise you when to send notarized copies or present original for verification. - We only accept documents in English or Arabic. - The list above are basic minimum requirements, we may request for additional supporting documents if deemed necessary during the account opening procedure. - Please be informed that documents and information including the company, shareholders, beneficial owners, and person/s who will operate the account are processed and checked against the World-Check database and other third-party due diligence software and service providers as part of our compliance procedure. - For further assistance and clarification, please contact the Compliance Department by phone at +971 4 341 9084 or by email at compliance@aletihadgold.com. 		
Company Name:		Date:
Acknowledged by:		Stamp:
Signature:		
(DON'T FILL IN THIS BOX) FOR AL ETIHAD GOLD'S USE ONLY:		

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**Al Etihad Gold
Account Application Form**

BUSINESS INFORMATION

Company Name:	
Trade License No:	Issuing Authority:
Country of Establishment:	
Date and Place of Incorporation:	Legal Form (e.g. LLC, DMCC, LTD etc.):
Registered Address (Please provide complete information to physically locate your office. Format: Office No. Floor No. Building No. Street, City, P.O. Box):	
Office/Principal Address (Please provide complete information to physically locate your office. Format: Office No. Floor No. Building No. Street, City, P.O. Box):	
Phone Number/s:	Fax Number/s:
Email Address/es:	Website (if available):

BUSINESS ACTIVITY

Type of Business:	Bank	Miner - Large Scale Mining
	Precious Metals Trader/Dealer	Miner – Small Scale Mining
	Industrial	Miner – Artisanal Miners (Rep)
	Wholesaler / Manufacturer (Jewellery)	Exporter
	Retailer (Jewellery)	Others (please specify below:
	Scrap Dealer	
	Coins Dealer	
Describe your core business activity:		
Number of employees within the company: _____		
Describe your group/company background and history:		
Other business activities:		

PROPOSED BUSINESS DETAILS WITH AL ETIHAD GOLD

PLEASE PUT CHECK MARK (✓) FOR THE APPROPRIATE SERVICE/S THAT YOU WILL REQUIRE FROM AL ETIHAD GOLD:

Refining Services:	Gold	Silver	Others
Smelting Services (for Fine Gold LBMA or Dubai Good Delivery Bars):	Gold	Silver	Others
Assaying Services:	Gold	Silver	Others
Minting Services:	Gold	Silver	Others

Diamond and Gold Separation Services:

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BENEFICIAL OWNER/S

(HOLDS 10% OR MORE OF THE SHARE CAPITAL. PLEASE PRINT ANOTHER PAGE IF NEEDED)

BENEFICIAL OWNER 1	
Name:	Percentage Holding:
Date of Birth:	Nationality:
Passport Number:	Expiration Date:
Mobile Number:	Email Address:
Current Home Address:	Permanent Address (In Home Country):
Please provide information on your Source of Wealth:	Estimated Total Net Worth:
BENEFICIAL OWNER 2	
Name:	Percentage Holding:
Date of Birth:	Nationality:
Passport Number:	Expiration Date:
Mobile Number:	Email Address:
Current Home Address:	Permanent Address (In Home Country):
Please provide information on your Source of Wealth:	Estimated Total Net Worth:
BENEFICIAL OWNER 3	
Name:	Percentage Holding:
Date of Birth:	Nationality:
Passport Number:	Expiration Date:
Mobile Number:	Email Address:
Current Home Address:	Permanent Address (In Home Country):
Please provide information on your Source of Wealth:	Estimated Total Net Worth:
BENEFICIAL OWNER 4	
Name:	Percentage Holding:
Date of Birth:	Nationality:
Passport Number:	Expiration Date:
Mobile Number:	Email Address:
Current Home Address:	Permanent Address (In Home Country):
Please provide information on your Source of Wealth:	Estimated Total Net Worth:

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MANAGEMENT, FINANCIAL AND OTHER RELATED INFORMATION

(PLEASE PRINT ANOTHER PAGE IF NEEDED)

SHAREHOLDER (IF COMPANY – PROVIDE DETAILS OF BENEFICIAL OWNERS OF A SHAREHOLDING COMPANY USING THE BENEFICIAL OWNERS FORM ON PAGE 3)

Name	Address	Country of Incorporation	Date of Incorporation	Percentage Holding

MANAGEMENT STRUCTURE:

Name (Please provide information and passport copies if other than the Beneficial Owners)	Position (Board of Directors or Management)	Designation (i.e. Managing Director, General Manager etc.)	Nationality	Date of Birth

PRINCIPAL CONTACT/S AND PERSON WHO WILL OPERATE THE ACCOUNT:

Name (Please provide information and passport copies if other than the Beneficial Owners)	Country of Residence	Nationality	Designation	Date of Birth

FINANCIAL INFORMATION**BANK DETAILS**

Bank Name:	
Bank Address:	
Year(s) of relationship with the bank:	
Beneficiary Name:	
Beneficiary Address:	
Account Number:	
IBAN Number:	Swift Code:

FINANCIAL DETAILS**Origin of Funds of the company:****Name of Auditor (Financial):**

Share Capital (Last Reporting Period):	Currency:	Amount:
Total Shareholder's Equity (Last Reporting Period):	Currency:	Amount:
Total Balance Sheet (Last Reporting Period):	Currency:	Amount:
Total Sales (Last Reporting Period):	Currency:	Amount:
Net Income (Last Reporting Period):	Currency:	Amount:

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SPECIMEN SIGNATURE

Beneficial Owner 1

Name:

Signature:

Beneficial Owner 2

Name:

Signature:

Beneficial Owner 3

Name:

Signature:

Beneficial Owner 4

Name:

Signature:

Authorized Signatory 1 (If other than the owner, please provide supporting documents)

Name:

Signature:

Authorized Signatory 2 (If other than the owner, please provide supporting documents)

Name:

Signature:

Authorized Signatory 3 (If other than the owner, please provide supporting documents)

Name:

Signature:

DECLARATION OF SOURCE OF FUNDS:

I/We understand that I/we am/are required to declare the source of funds that I/we will be using for the purpose as stated in this application as a part of Al Etihad Gold's requirement to open an account.

I/We understand the requirements of the Resolution and the Federal Law No. 4 of 2002 as amended by Federal Law No. 9 of 2014 (On Anti Money Laundering and Combating the Financing of Terrorism) and do hereby undertake that the source of funds/metals are acquired from legitimate sources and evidences of such is available if needed or as requested. I/We do hereby undertake that the funds/metals do not originate from any sanctioned country/entity/person/s from the United Nations and other relevant sanction programs.

I/We hereby declare that all information provided are true and correct.

Company Name:

Date:

Owner/Authorized Signatory Name:

Signature:

Stamp:

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PRECIOUS METALS SUPPLY CHAIN

Profile of your precious metals suppliers: <i>(i.e. Individual / Company / Aggregator / Artisanal Miner, Small Scale Miner, Gold/Precious Metals Exporter) – Please indicate approximate percentage of volume per supplier)</i>					
Country(ies) of origin of precious metals delivered to us?		PLEASE PROVIDE SPECIFIC COUNTRIES (MANDATORY)			
Country(ies) / Destination of precious metals after refining (sold or delivered to)?		PLEASE PROVIDE SPECIFIC COUNTRIES (MANDATORY)			
Is the company legally required to have a license to import or/and export precious metals?		(<input type="checkbox"/>) Yes – Please provide a copy		(<input type="checkbox"/>) No (<input type="checkbox"/>) N/A	
What is the type and form of precious metals planned to be sent for refining (approximate values)?					
<input type="checkbox"/> Mined precious metals: <input type="checkbox"/> Unprocessed recycled precious metals: <input type="checkbox"/> Non LBMA GD, Non DGD Bullion (Au =>995 / AG=>9999) <input type="checkbox"/> Coins <input type="checkbox"/> Jewellery <input type="checkbox"/> Broken jewellery <input type="checkbox"/> Factory/ Own production waste <input type="checkbox"/> Others, please specify: <input type="checkbox"/> Melted recycled precious metals (scrap bars) <input type="checkbox"/> Fine Gold (LBMA GD, DGD Bullion)					
Type of Materials	Quantity per shipment (in kgs.)	Approximate purity	Number of transaction/shipments per month	Average volume per month (in kgs.)	
Mined					
Unprocessed recycled precious metals					
Melted recycled precious metals					
Fine Gold					
What payment method (purchases and sales) does your company use?					
Bank Transfer: _____% Checks: _____% Cash: _____%					
Do you register or keep records of all purchases and sales? If yes, what information do you require?					
What type of information your company request from your precious metals suppliers?					
Companies	Yes	No	Individuals	Yes	No
Company Name			Full Name		
Address			Address		
Date of Incorporation			Date of Birth		
Country of Incorporation			Nationality		
Business register extract or equivalent documents			Copy of ID card or passport		
Beneficial Owners			Beneficial Owners		
Origin of Precious Metals			Origin of Precious Metals		
Description of main activity and financial information			Supplier profile (activity, wealth, etc.		
TRADE REFERENCES OR COMPANY/IES YOU WORKED WITH (Minimum of 2)					
Name			Country of Incorporation		

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COMPLIANCE QUESTIONNAIRE

1. Has your company established written policies and procedures designed to combat "Money Laundering" (ML) and the "Financing of Terrorism (FT) and are these policies and procedures applicable to all your branches, subsidiaries and operations?
Yes () No ()
- If "Yes", kindly provide us with a copy of your Anti Money Laundering / Combating Financing of Terrorism (AML / CFT) policy and procedures.
 - If no, please provide your comments below:
- _____
- _____
- _____
2. Please tick where applicable to confirm that your AML/CFT policy and procedures include the following:
- Client identification and verification Yes (___) No (___)
 - Not dealing (engaging into transactions and/or entering into contracts) with anonymous clients Yes (___) No (___)
 - Identifying clients' source of funds Yes (___) No (___)
 - Monitoring of transactions so that unusual activity can be alerted, detected and reported Yes (___) No (___)
- Comments on your response:
- _____
- _____
- _____
3. Does your company maintain records on client identification, client files and correspondence and cooperate with local authorities so as to permit investigations of suspicious activities as well provide, if necessary, evidence for prosecution of criminal behaviour?
Yes (___) No (___)
4. Do your procedures require retention of relevant records, and if yes for how long? _____years Yes (___) No (___)
5. Do all your relevant staff regularly train on your own AML/CFT policies and procedures and on the requirement of local laws and regulations?
Yes (___) No (___)
6. Is there an established method at your company for reporting suspicious activities and transactions to the appropriate authorities, and providing DMCCA with a copy?
Yes (___) No (___)
7. Does your company have a policy of protecting your employees if they report, in good faith, any suspicious activity? If yes, please provide a copy of your policy.
Yes (___) No (___)
8. Do you screen your clients and suppliers against sanctioned names as notified by competent authorities?
Yes (___) No (___)
9. Do you have a policy and procedures for independent audit or testing of your AML / CFT of your AML / CFT compliance? If yes, please provide a copy.
Yes (___) No (___)
10. Do you have a compliance officer and/or compliance function responsible for coordinating / monitoring compliance?
Yes (___) No (___)

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If yes, please give the name and contact details of your Compliance Officer in your institution.

Full Name*: _____

Mailing Address*: _____

Phone and Fax Number*: _____

Email*: _____

Kindly note that the information requested for the fields denoted with * is mandatory.

11. Have you carefully reviewed the following policies and procedures which are available and will be updated regularly from time to time on Al Etihad Gold's website?

- a. Al Etihad Gold Supply Chain Policy
- b. OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Area - Supplement in Gold
- c. DMCC Practical Guidance for Market Participants in the Gold and Precious Metals Industry

And are you willing to abide by its provisions?

Yes (___) No (___)

Do you have any further comments or feedback that you would like to share with us regarding your compliance and due diligence process?

Undertakings:

I/We hereby undertake that the above information is true and correct.

I/We hereby acknowledge that we received from Al Etihad Gold its Supply Chain Policy and the guidance listed below and we undertake to review it thoroughly and to comply with its provisions.

- 1. OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas – Supplement in Gold**
- 2. DMCC Practical Guidance for Market Participants in the Gold and Precious Metals Industry**

We confirm that we are observing and complying with domestic and international laws, rules and regulations, including those governing the illicit trade in precious metals and the United Nation Security Council (UNSC) Sanctions. Also, we hereby undertake that our sources of precious metals are free from conflict financing, criminal funding, worst forms of child labour and human rights abuses.

Company Name	
Name of Authorized Signatory (As indicated in Individual's Passport)	
Title / Designation	
Date	
Signature	
Passport Number	
Passport Expiry Date	
Nationality	

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Please use this page for any comments or additional information you wish to share with Al Etihad Gold related to your company or account application:



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