



Al Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 1

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 and 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
		8. VAT Registration Certificate copy (if applicable)

Important Information:

- 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.** Documents in other languages are required to have notarized English translation otherwise the application will be rejected.
- 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, person/s who will operate the account and your suppliers 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.

(DON'T FILL IN THIS BOX) FOR AL ETIHAD GOLD'S USE ONLY:

[_____] Authorized Signature



Al Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 2

Al Etihad Gold Account Application Form

BUSINESS INFORMATION

Legal Company Name:

Trade License No:

Issuing Authority:

Country of Establishment:

Official Website of Issuing Authority:

Trade License Expiration:

Date and Place of Incorporation:

Legal Form (e.g. LLC, DMCC, LTD etc.):

Tax Registration Number:

TRN Issuing Authority:

Registered Address (Please provide complete information to physically locate your office. Format: Office No. Floor No. Building No. Street, City, P.O. Box):

Trading Office/Business 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

If listed, please indicate the stock exchange(s) and ticker:

Industrial

Miner - Artisanal Miners (Rep)

Wholesaler/Manufacturer (Jewellery)

Exporter

Retailer (Jewellery)

Others (please specify below:

Scrap Dealer

Coins Dealer

Describe your company's core business activity:

Number of employees within the company:

Describe the geographical scope of your business:

How long have you been in the precious metals business?

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:

Buying and Selling	Gold	Silver	Approx Value per Trade:
Refining Services	Gold	Silver	Others
Smelting Services	Gold	Silver	Others
Assaying Services:	Gold	Silver	Others
Minting Services:	Gold	Silver	Others

Diamond and Gold Separation Services:

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Al Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 3

ULTIMATE 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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Al Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 4

MANAGEMENT, FINANCIAL AND OTHER RELATED INFORMATION

(PLEASE PRINT ANOTHER PAGE IF NEEDED)

SHAREHOLDING 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

AUTHORIZED SIGNATORIES

Name	Designation	Nationality	Contact Number	Official Email Address

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

Name	Designation	Nationality	Contact Number	Official Email Address

BANK DETAILS

Bank Name:	Bank Address	
Account Number:		
Year(s) of relationship with the bank:		
Beneficiary Name:		
Beneficiary Address:		
IBAN Number:	Swift Code:	
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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Al Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 5

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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Al Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 6

PRECIOUS METALS SUPPLY CHAIN

*Profile of your precious metals suppliers:
(i.e. Individual / Company / Aggregator / Artisanal Miner, Small Scale Miner, Gold/Precious Metals Exporter) – Please indicate approximate percentage of volume per supplier)*

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? Yes – Please provide a copy No N/A

What is the type and form of precious metals planned to be sent for refining (approximate values)?

Mined precious metals:

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: |

Melted recycled precious metals (scrap bars)

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

[_____] Authorized Signature



Al Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 7

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 ()

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AI Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 8

10. Do you have a compliance officer and/or compliance function responsible for coordinating / monitoring compliance?

Yes (___) No (___)

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 AI Etihad Gold's website?

- a. AI 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 Rules for Risk Based Due Diligence in the Gold and Precious Metal Supply Chain

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 AI 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 Rules for Risk Based Due Diligence in the Gold and Precious Metal Supply Chain**

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

[_____] Authorized Signature



Al Etihad Gold Account Application Form

F/KYC/08
Rev.00

Page | 9

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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