



LEGEND METAL ACCOUNT REGISTRATION FORM

COMPANY DETAILS

Name (as per Trade License)

Company Name or
Individual Name

Legal Status

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Public Limited Company |
| <input type="checkbox"/> Partnership Company | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Branch of a Foreign Company |
| <input type="checkbox"/> Free Zone Company | <input type="checkbox"/> Trust/Club/Society/Association |
| <input type="checkbox"/> Others (please specify) | |

Company Information

Country of Establishment		Date of Establishment	
License No.		Issuing Authority	
License Issue Date		License Expiry Date	

Tax Information

Tax Registration Date		Tax Registration Number	
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Contact Details

Primary Contact Name	
Designation	
Telephone (Office)	
Mobile	
Email	
Website	

Address Details

Registered Business Address			
Address (Line 1)			
Address (Line 2)			
City		P.O. Box / Postal Code	
State / Province		Country	
Primary Business Address (if different from the Registered Business Address)			
Address (Line 1)			
Address (Line 2)			
City		P.O. Box / Postal Code	



State / Province		Country	
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Details of Individual Shareholders / Ownership (if applicable)

Name	Nationality	Passport/ID No.	Address	Ownership %

Details of Corporate Shareholders / Ownership (if applicable)

Company Name	Country	Licensing Authority	Trade License No.	Ownership %

Details of Beneficial Owners (at least 25 per cent shares and voting rights of a company)

Name	Nationality	ID/Passport No.	Address	Ownership %

Details of Key Managerial Person (List names of Directors/Key Senior Management)

Name	Nationality	ID/Passport No.	Address	Ownership %



Details of Authorised Signatories (List names all individuals who are authorized to sign and transact for and on behalf of the Company)

Name	Nationality	ID/Passport No.	Address	Job Title

Politically Exposed Person (PEP)

Is any of the shareholder / beneficial owner / key managerial person Politically Exposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person's Name		
Position		
Is any of the shareholder / beneficial owner / key managerial person related to a PEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person's Name		
Person's Country		
Person's Position		

BUSINESS INFORMATION

Type of Business Activities	<input type="checkbox"/> Refinery	<input type="checkbox"/> Precious Metals Trader/Dealer
	<input type="checkbox"/> Wholesaler / Manufacturer (Jewellery)	<input type="checkbox"/> Retailer (Jewellery)
	<input type="checkbox"/> Bank	<input type="checkbox"/> Industrial
	<input type="checkbox"/> Scrap Dealer	<input type="checkbox"/> Coins Dealer
	<input type="checkbox"/> Miner - Large Scale Mining	<input type="checkbox"/> Miner – Small Scale Mining
	<input type="checkbox"/> Miner – Artisanal Miners (Representative)	<input type="checkbox"/> Exporter
	<input type="checkbox"/> Others (please specify)	



License Type	<input type="checkbox"/> Trading <input type="checkbox"/> Industrial <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Commercial <input type="checkbox"/> Professional
Total No. of Employees		
No. of Years of experience in the Precious Metals Industry		

Do any shareholder / Beneficial Owner / Key Managerial Person have any other business?	<input type="checkbox"/> Casino <input type="checkbox"/> Currency Dealer or Exchanger <input type="checkbox"/> Movie Theatres <input type="checkbox"/> Apartment Houses <input type="checkbox"/> Gaming <input type="checkbox"/> Art and Antique Dealers <input type="checkbox"/> Liquor Stores <input type="checkbox"/> Luxury Good Dealers <input type="checkbox"/> Gambling Services <input type="checkbox"/> Car Washes <input type="checkbox"/> Taxicabs <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Restaurants <input type="checkbox"/> Used Car or Motorcycle Dealers <input type="checkbox"/> Travel Agencies <input type="checkbox"/> Hotels <input type="checkbox"/> Retail stores <input type="checkbox"/> General Trading <input type="checkbox"/> Lawyers & Accountants <input type="checkbox"/> Auction Houses <input type="checkbox"/> Constructions Companies <input type="checkbox"/> Beauty Shops <input type="checkbox"/> None
Mention the metals that you work with	<input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Silver <input type="checkbox"/> Diamond
Mention the form of gold that you work with	<input type="checkbox"/> Mined Gold – Alluvial gold <input type="checkbox"/> Mined Gold – Gold concentrate <input type="checkbox"/> Mined Gold – Mining Byproduct <input type="checkbox"/> Mined Gold – ASM Gold <input type="checkbox"/> Recyclable Gold – Industrial By-product <input type="checkbox"/> Grandfathered Stocks	<input type="checkbox"/> Mined Gold – Gold ore <input type="checkbox"/> Mined Gold – Gold doré <input type="checkbox"/> Mined Gold – LSM Gold <input type="checkbox"/> Recyclable Gold – Melted <input type="checkbox"/> Recyclable Gold – Unprocessed
From whom do you purchase the Precious Metals?	<input type="checkbox"/> UAE Suppliers	<input type="checkbox"/> International Suppliers
Who are your counterparties and suppliers?	<input type="checkbox"/> Small / Medium Scale Traders <input type="checkbox"/> Jewellers <input type="checkbox"/> Mines <input type="checkbox"/> Banks <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Wholesalers <input type="checkbox"/> Individuals/Local Traders <input type="checkbox"/> Refinery <input type="checkbox"/> Funds



Mention all Countries of origin of your precious metals	
Mention all Countries in which you sell your precious metals	
How do you intend to transport the metal from Ghana/Africa to its destination?	<input type="checkbox"/> Transporter / Secured logistic company <input type="checkbox"/> Hand carry <input type="checkbox"/> Others (please specify)
Do you have the license / authorization to import/export precious metals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, mention the Import-Export License No. / Customs Code:

Mention the source of operating funds	<input type="checkbox"/> Own Capital <input type="checkbox"/> Bank Loan (mention name) <input type="checkbox"/> Government Entity (mention name) <input type="checkbox"/> Third Party Loan (mention name) <input type="checkbox"/> Others (please specify)
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PROPOSED BUSINESS RELATIONSHIP WITH LEGEND PRECIOUS METALS

Select the service/s that you will require from LEGEND PRECIOUS METALS:	<input type="checkbox"/> Buying and Selling <input type="checkbox"/> Refining Services <input type="checkbox"/> Smelting Services <input type="checkbox"/> Assaying Services <input type="checkbox"/> Diamond & Gold Separation Services <input type="checkbox"/> Minting Services Other (Specify):
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BANK INFORMATION

Account name / Beneficiary name			
Bank Name			
Bank Address	City		Country
IBAN Number			
Account No.			



Swift Code		Currency	
First Deposit (Amount)			

DECLARATION

- I hereby acknowledge and declare that all the information provided in this Know Your Customer (KYC) form is true and complete and I undertake to inform you of any changes.
- I/We hereby confirm that we have read and understood the following the guidance and policies listed below, and we undertake to review it thoroughly and to comply with its provisions.
 - OECD Due Diligence Guidance for Responsible Supply Chain of Minerals from Conflict-Affected and High-Risk Areas
 - LBMA Responsible Gold Guidance
- I/We hereby warrant to LEGEND PRECIOUS METALS that the Metals/Stones/Funds to be delivered to LEGEND PRECIOUS METALS for treatment or trading have been procured through legal means and have been acquired from legitimate sources not involved in funding conflict or non-compliance with any United Nations sanctions, resolutions, or human rights violations.
- I/We hereby undertake that our sources of precious metals and stones are free from conflict financing, criminal funding, worst forms of child labour and human rights abuses, and have been sourced through proper channels.
- I/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.
- I hereby give unconditional and irrevocable written consent to LEGEND PRECIOUS METALS, its subsidiaries, agents and authorized staff and any third-party service providers for disclosure, sharing, usage, processing and searching of my information and records as required by Anti Money Laundering and Combatting of Terrorism Laws.
- I agree that any duplication and any copy, photocopy, electronic data, or facsimile which have been made as a copy from this original consent by means of photocopying, image scanning, or recording in whatever forms shall be deemed as evidence of consent with the same effect as its original.
- I shall indemnify and hold LEGEND PRECIOUS METALS safe from any claims howsoever arising from as a result of such sharing, searching, usage, processing or disclosure of account information and data.



Signature		Company Stamp	
Name of the Authorised Signatory			
Title / Designation of the Authorised Signatory			
Date	D	D	M
	M	Y	Y
	Y	Y	Y
	Y	Y	Y
	Place		

DOCUMENTS REQUIRED AND CHECKLIST

	Document / Information	Completed
1	Proof of legal existence of the Company:	
	• Trade License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Goldbod License (Ghanaians ONLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Certificate of Incorporation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Share Certificates / Shareholders Register	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Memorandum of Association (MOA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Articles of Association (AOA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Full Details of Beneficial Owners if not mentioned in MOA / AOA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• List of Directors (if not mentioned in MOA / AOA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Tax Registration Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



FOR LEGEND PRECIOUS METALS USE ONLY:

Client Reference No.											
Form Reviewed By							Signature				
Date	D	D	M	M	Y	Y	Y	Y	Place		
Form Approved By							Signature				
Date	D	D	M	M	Y	Y	Y	Y	Place		

Account Opening Date	D	D	M	M	Y	Y	Y	Y	Account Code	
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