



# **Account Opening Form**

Providing Precious Metals Refining & Trading Solution

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#### **REQUIRED DOCUMENTS**

All documents required as ORIGINAL COPY can be submitted as scanned copy first for initial review by the Compliance Department. You will be advised when to submit the original or certified documents. Please note that all documents should be valid. Expired documents will not be accepted

A.	Account Opening form (ORIGINAL COPY)			
B.	Trade License			
C.	Memorandum and Article of Association / Share Register			
D.	Passport copies of all beneficial owners of the company(regardless if they will not operate your account) Passport copies of all authorized signatories declared to operate on this account.  (Certified copies are preferred)			
Е.	Personal Utility Bill for all beneficial owners and authorized signatories (i.e. water bill, electric bill, bank detail, lease agreement or any other document showing home address)			
F.	For scrap jewellery and/or pure gold supply chain customers, please submit the following:			
<ul> <li>Sample of Invoices(at least 2-3) showing the purchased date and country of origin</li> <li>should be dated at least 1 year from the date of this application</li> <li>should submit for each country of origin</li> <li>Source of Gold statement (sample format will be sent upon request)</li> </ul>				
G.	For Dore (mine originated) bars supply chain customers, pl			
G(1) 1	If you receive gold from a mine supplier/owner -Supplier's trade license -Supplier's Export License -Supplier's Memorandum and Article of Association -Mine owner's Mining License (from which mine the gold come from) -Supplier's passport copies (all beneficial owners mentioned on MOA)	G(2) If you are a mine owner  - Mining License  - Passport copy of mine owner		

#### **IMPORTANT NOTICE:**

- We only accept documents in English and Arabic. Documents in other languages should be translated by a notary public.
- These are the initial required documents, other documents might be requested accordingly if necessary.
- Agreements/Contracts will be sent after compliance department has approved your application.
- Account opening form should be signed by an authorized signatory(s).
- Account Opening form is available from our website, www.kalotipm.com
- For more assistance/questions regarding your application, please contact our CRM department via email Dubai.crm@ kalotipm.com or call +971-4-4486900

## A. GENERAL INFORMATION

Company Name (as per Trade License):	
Country of Establishment:	Year of Incorporation:
Beneficial Owner / Authorized Signatory No. 1	1:
Beneficial Owner / Authorized Signatory No. 2	2:
Beneficial Owner / Authorized Signatory No. 3	3:
Office Address (Office No./ Floor no./ Bldg. no./ Street/ C	ity/ P.O. box):
Telephone Number(s):	Fax Number:
Mobile Number(s):	
Email (Mandatory):	Website (if any):
Do you have a company policy?	No If yes please provide us a copy for our references
Source of Wealth by the company/firm:	
List of other business activities:	
1.)	3.)
2.)	4.)
Bank Details form (for payment purposes only) Please note that Kaloti Jewellery International DMC our clients	CC does not provide or accept THIRD PARTY PAYMENT to or from any of
Bank Name:	
Bank Address:	
Year( <i>s</i> ) of relationship with the bank:	
Beneficiary Name:	
Beneficiary Address:	
Account Number:	

 $As the Beneficial \ Owner \ and/or \ Authorized \ Signatory, I \ hereby \ warrant \ that \ the information \ above \ is \ to \ the \ best \ of \ my \ knowledge \ and \ all \ facts \ stated \ are \ accurate.$ 

Authorized Signature:

#### **B. PERSONAL INFORMATION**

\*Personal information is for 3 individuals only. If there are more than 3, please print another copy of this page accordingly.

Beneficial Owner / Authorized Signatory No. 1:				
Beneficial Owner	Authorized Signatory	Both		
Mr. Ms.	Mrs.			
Complete Name:				
Date of Birth:		Source of Wealth (Net worth)		
Nationality:		Business	Salary	
Current Home Address:		Inheritance/Gift	Investment Incomes	
		Others (please specify):		
		Estimated total net worth (AED):		
Mobile Number(s):				
Email Address:				
Beneficial Owner / Auth	orized Signatory No. 2:			
Beneficial Owner	Authorized Signatory	Both		
Mr. Ms.	Mrs.			
Complete Name:				
Date of Birth:		Source of Wealth (Net worth)		
Nationality:		Business	Salary	
Current Home Address:		Inheritance/Gift	Investment Incomes	
		Others (please specify):		
2614122		Estimated total net worth (AED):		
Mobile Number(s):				
Email Address:				
Beneficial Owner / Auth	orized Signatory No. 3:			
Beneficial Owner	Authorized Signatory	Both		
Mr. Ms.	Mrs.			
Complete Name:				
Date of Birth:		Source of Wealth (Net worth)		
Nationality:		Business	Salary	
Current Home Address:		Inheritance/Gift	Investment Incomes	
		Others (please specify):		
		Estimated total net worth (AED):		
Mobile Number(s):				
Email Address:				

As the Beneficial Owner and/or Authorized Signatory, I hereby warrant that the information above is to the best of my knowledge and all facts stated are accurate.

Authorized Signature:

C. F	PROPC	DSED	BUSIN	ESS I	DETAIL	_S	
PHYSICAL BUSINESS							
Refining Services	Gold	Silver	Others (F	Please specify):			
Scrap Bar Trading (originating)	from jewellery)						
Country of Origin:			F	Expected P	urity:		
Dore(originating from the mine) B	ars						
Supplier's Name:			Country:		H	Expected Purity:	
Supplier's Name:			_ Country: _		I I	Expected Purity:	
Pure Bars (995/999.9)			ales				
<b>Type of Delivery:</b> Ca	rgo H	land-Carry	Both				
Arrangement of Delivery and	<b>Logistics S</b>	ervices: yo	our own arra	ngement o	or Kaloti to	arrange logistics?	
Expected Quantity per deliver	y/pickup:						
Gold	Silver			Others (	(please specif	fy):	
Weekly:kg	Weekly:		kg		:		
Monthly:kg	Monthly	:	kg		y:		
List of previous companies yo	u have dea	l with:					
Company Name:					Country: _		
Company Name:							
TRADING BUSINESS				-			
Precious Metals and FX Tra	ding						
D.	SUPP	LY CH	IAIN PI	ROCE	DURE		
Please describe your supply	chain pro	cedure an	nd/or policy	for verify	ying the sou	irce of metal	
What is your policy regarding Anti Money Laundering and Combating Financial Terrorism?							
Do you keep records of companies that you usually buy metals from?							
Yes No							
If yes, please choose from the	e following	:					
Passport Copy Mining License Others (Please specify):							
If yes, please provide a sample of KYC forms							
As the Funds/Shareholder Owner and Lega	l Beneficiary, I h	ereby warrant	that the informati	on above is to	the best of my kn	owledge an accurate statement of fact.	

Authorized Signature: .....

### E. SPECIMEN SIGNATURE

\*Please affix the signature for each Beneficial Owner / Authorized Signatory

Beneficial Owner / Authorized Signatory No. 1:			
Name:	Signature:		
Beneficial Owner / Authorized Signatory No. 2:			
Name:	Signature:		
Beneficial Owner / Authorized Signatory No. 3:			
Name:	Signature:		
F. DECL	ARATION		
Source of Funds and Equities			
The undersigned hereby warrants to Kaloti Jewellery International DMCC that the Metals/Funds to be delivered to Kaloti Jewellery International DMCC 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. To the best of my knowledge, I the undersigned hereby guarantees that these Metals are conflict-free, free from child labor, and have been sourced through proper channels.			
Source of Metals			
I, the undersigned agree that all documents (actual invoice, custom's paper, airway bill) regarding the origin of the metal will be declared to Kaloti Jewellery International DMCC. This is part of the policies and procedures implemented by the compliance department and in line with DMCC and OECD's Guidance for Responsible Supply Chain. In case of any future changes with the origin of the precious metals, I agree to advise the company beforehand and to provide supporting documents prior to sending any delivery/shipment. Upon having my account, I will be responsible to update my files and submit any documents that are necessary for the compliance team.			
Company Name:			
Beneficial Owner/Authorized Person(s) Name:			
Signature:			
Date:	Company Stamp:		