



ROYAL PURE GOLD JEWELLERY LLC

KNOW YOUR CUSTOMER (KYC) FORM

2016



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Please fill this form in English and in BLOCK LETTERS, (all applicable information in the form is mandatory).

1. BUSINESS & CONTACT PERSON INFORMATION

Primary Contact Name:

Title:

Company Name:

Phone:

Fax:

E-mail:

Web:

Registered Company Address:

City:

State:

Postal Code:

Country:

Date of Business Commenced:

Sole Proprietorship: (YES/NO)

Partnership: (YES/NO)

Corporation: (YES/NO)

Other:

List of Partners

List of Managers

NOTE THAT WE REQUIRE CLEAR SELF ATTESTED PASSPORT COPIES FOR THE PRINCIPAL OR BENEFICIAL OWNERS OR DIRECTORS OF THE BUSINESS.



2. BUSINESS INFORMATION

Primary Business Activity:

Scrap Collector:

Jeweler:

Industrial:

Other:

Approximate number of employees:

Type of Material being traded (e.g. bullion bars, Dore bars, coins, scrap jewelry)

How long have you been in business?

Do you have an AML / CFT policy in place?

Do you accept material directly from mines?

Do any of your materials originate from the Democratic Republic of Congo? YES / NO

3. BANK INFORMATION

Beneficiary Account Name:

Beneficiary Account Number:

Beneficiary Bank Name:

(Exact name as it appears on the account)

Bank Address (Branch):

City:

Country:

Postal Code:

IBAN number:

Swift Code:

Intermediary Bank Name:

Bank Address (Branch):

City:

Country:

Postal Code:

Swift Code:

Sort Code:



4. BUSINESS TRADE REFERENCES (MINIMUM 2 REQUIRED)

Company Name:

Address:

City: Country: Postal Code:

Phone: Fax: E-mail:

Company Name:

Address:

City: Country: Postal Code:

Phone: Fax: E-mail:

DECLARATION:

I / WE hereby declare that the information given herein are true, correct and complete to the best of my knowledge and belief. In addition, documents submitted along with this application are genuine.
I / WE hereby undertake to promptly inform ROYAL PURE GOLD JEWELLERY LLC of any changes in the information provided herein & agree & accept that ROYAL PURE GOLD JEWELLERY LLC is not responsible or liable for any losses or activities performed on the basis of this information provided by me / us as also due to not advising of any such changes. Also, it is agreed that I / WE will provide any additional information / documentation that may be required from time to time by ROYAL PURE GOLD JEWELLERY LLC or its authorized agents in any connection with this form.

Signature of Authorized Personnel:

Name:

Designation:

Date:

Company Stamp: