



SAVE IN GOLD

Account Opening Form – Corporate

SIG/AOF/2024/Rev-001A

ACCOUNT NAME	
ACCOUNT NUMBER	



CHECKLIST OF THE DOCUMENTS REQUIRED:

<input type="checkbox"/>	Copy of Trade License
<input type="checkbox"/>	Copy of Certificate of Incorporation
<input type="checkbox"/>	Copy of Memorandum of Association
<input type="checkbox"/>	Copy of Articles of Association (if available)
<input type="checkbox"/>	Proof of Company Office Address (Copy of Tenancy Contract / Utility bill)
<input type="checkbox"/>	Proof of Residency – Partners/Shareholder (Copy of Tenancy Contract / Utility bill)
<input type="checkbox"/>	Copy of Shareholder Passport and Visa page
<input type="checkbox"/>	Copy of TAX Registration Number
<input type="checkbox"/>	Copy of Financial Statements
<input type="checkbox"/>	Corporate Tax Registration Certificate
<input type="checkbox"/>	Proof of Go AML Registration

Important Notice: Customers who wish to open a Business Account with us must submit the following documents. Failure to send the minimum document required will cause delay or ultimately rejection of the application

ACCOUNT OPENING FORM

1. COMPANY DETAILS	
Company Name	
Registered Address	
Business Address	
Contact Details:	Contact Person Name
	Contact Person Designation
	Landline Number
	Mobile Number
	Fax Number
	Email
Date of Incorporation	
Country of Incorporation	
Business License Number	
Tax Identification number	
Corporate Tax Registration Number	
Website	
External Financial Auditors	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Auditor:	

2. BUSINESS ACTIVITY	
a. Type of Business (Please Tick the relevant)	Precious Metal Trade
	Wholesaler / Manufacturer
	Investment Company
	Retailer (Jewellery)
	Others (Please specify):
b. Description of core business activity	
c. No of years in the business	
d. Number of Employees	
e. Does your establishment have Politically Exposed Persons (PEPs) in the Management	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
	If yes, please provide Details:
f. Please specify method of payment (%)	Cash: Bank: Cheque:

3. LIST OF SUPPLIERS AND CUSTOMER DETAILS

SL No	Supplier and Customers Name	Country of origin	Website Details
1			
2			
3			
4			
5			

4. ORIGIN OF PHYSICAL PRECIOUS METALS (IF DEPOSITING/SALES METAL)

a. Profile of your precious metal's suppliers <u>(Individual / Company)</u>	
b. Country of origin of the precious metals delivered	

5. DESCRIPTION OF PRECIOUS MATERIAL (IF DEPOSITING /SALES METAL)

Type of Material to be Traded	
Monthly Estimated Turnover	
Estimated Precious Metal Content (%)	Gold Silver Other:
What are the types, forms and percentage of precious metals sourced by the Company	RECYCLED PRECIOUS METALS (%) LBMA GD Bullion Non LBMA Good Delivery Bullion Jewellery Broken Jewellery Coins Others Please specify: Primary material: mined precious metals

6. BANKING INFORMATION

Bank Name / Branch	
Bank address	
Bank SWIFT Code	
Bank account number	
Bank IBAN number	
Account Name <i>(as per statement)</i>	

7. SOURCE OF FUNDS DECLARATION

Source of Income	<input type="checkbox"/> Investment Income <input type="checkbox"/> Business Earning <input type="checkbox"/> Salary <input type="checkbox"/> Property Income <input type="checkbox"/> Any other:
Estimated Annual Income	<input type="checkbox"/> AED 1-25 Million <input type="checkbox"/> AED 25-50 million <input type="checkbox"/> AED 50-100 Million <input type="checkbox"/> AED100 Million and Above
Estimated Total Net worth	<input type="checkbox"/> AED 1-25 Million <input type="checkbox"/> AED 25-50 million <input type="checkbox"/> AED 50-100 Million <input type="checkbox"/> AED100 Million and Above

Declaration:

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 **Save In Gold** requirement to open an account. I/We understand the requirements of the Federal Decree-Law No. (20) of 2018 On Anti-Money Laundering and Combating the Financing of Terrorism and Financing of Illegal Organizations and the Cabinet Decision No. (10) of 2019 Concerning the Implementing Regulation of Decree Law no. (20) of 2018 on Anti-Money Laundering and Combating the Financing of Terrorism and Illegal Organizations 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. We are authorizing to Compliance Department of **Save In Gold** can contact our dedicated compliance person at any time to obtain documents for periodic assessment, additional documents requirement, AML Questionnaire etc.

8. FINANCIAL INFORMATION

Particulars	Currency	Last Reporting Period	Previous Year
a. Share Capital			
b. Total Shareholder's Equity			
c. Total Balance Sheet			
d. Sales			
e. Net Income			



9. MANAGEMENT STRUCTURE

Top Management

Name	Nationality	Date of Birth	Passport Number	Passport Expiry	UAE Residency

Ultimate Beneficial Owners UBOs (owns more than 25% of the company's shares or more)

Name	Nationality	Date of Birth	Passport Number	Share Holding %	UAE Residency

Declaration:

I/We confirm that I am/we are not a Politically Exposed Person

I/We hereby authorise investigation of my/our identity and agree to an enhanced ongoing monitoring should I/we be deemed to be politically exposed.

10. Shareholders/Ultimate Beneficial Owner Details

Are shareholders/ultimate beneficiaries a PEP or Associated to a PEP	
Are the company or ultimate beneficiaries listed as sanctioned entity by any country or UNSCR	
Any previous or existing business dealing (by company or ultimate beneficiaries) with individuals/entities in the countries listed under sanctions or embargo list of UAE, UNSCR & USA's Office of Foreign Asset Control, Department of the Treasury ("OFAC"), or otherwise subject to any U.S. sanctions administered by OFAC	

11. Sanction Declaration

Do you deal with any sanctioned country?

If yes, please mention which

YES
 NO

Has your company implemented UAE Cabinet issued Resolution (74) of 2020

YES
 NO

Has your company Subscribed to the United Nation Consolidated List and UAE Terrorist list from the Executive Office website www.uaeiec.gov.ae

YES
 NO

Does your company deal with individuals, entities, groups or undertakings, which fall in "UAE Terrorist List" and "UN Nation Consolidated List"

YES
 NO

KYC QUESTIONER

A. ANTI MONEY LANDERING (AML) – COMBATING FINANCIAL TERRORISM (CFT)

Does the company have a person responsible for AML – CFT matters (Due diligence, AML policies and training)? If yes, please provide the requested details	<input type="checkbox"/> YES <input type="checkbox"/> NO <table border="1"> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Designation</td> <td></td> </tr> <tr> <td>Number</td> <td></td> </tr> <tr> <td>Email ID</td> <td></td> </tr> </table>	Name		Designation		Number		Email ID	
Name									
Designation									
Number									
Email ID									
Does your company implement policies and procedures applicable to all branches and subsidiaries related to local and international covering Cabinet Decision No. (10) of 2019 Anti - Money Laundering and Combat Terrorist Financing?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach the copy)								
Does the company conduct an AML-CFT training for Employee's?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Does the company delegate to third parties some of the compliance functions to be carried out? If yes, what function and which company do you delegate?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Did your establishment sign up to the GOAML system of the FIU? 1) Update all Cash and Wire Transaction above AED55,000/- 2) Report Suspicious activity /Transaction	<input type="checkbox"/> YES <input type="checkbox"/> NO Go AML Registration Number: <input type="text"/>								
Does your Company have checks in place to identify if its customers / clients and their beneficial owners are 'Politically Exposed Persons' (PEPs)?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Does your company conduct risk assessment considering the results of the National Risk Assessment and Geographic risk?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Does your establishment have procedures in place to check if its customers / clients and any other parties (such as beneficial owners) are subjects of targeted financial sanctions by the United Nations Security Council, the UAE, or any other relevant body as per UAE Cabinet issued Resolution (74) of 2020?	<input type="checkbox"/> YES <input type="checkbox"/> NO								

B. ANTI- BRIBERY POLICY

a. Does your Company have any anti bribery policy in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Has the company, or the Senior Management ever been charged anywhere in the world for violation of applicable anti-bribery laws or regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO

C. RESPONSIBLE PRECIOUS METAL SUPPLY CHAIN POLICY (Only FOR SUPPLIER)

Does your company establish a responsible supply chain of metal from conflict-affected and high-risk areas policy which is consistent with the standards of the OECD Due Diligence guidance for responsible Supply chain of Minerals from Conflict-Affected and High-Risk Areas	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach the copy)
Do you implement systems for the identification of your suppliers and retain related documents in accordance with the DMCC rules for RBD-GPM/ OECD Guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you implement policies and procedure designed to meet and implement the DMCC rules for RBD-GPM/ OECD Guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you implement a formal responsible supply chain policy that identifies and mitigates related risk in accordance to DMCC in alignment with the OECD Due Diligence for responsible supply chain of minerals from conflicted and high-risk areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach the copy)
Are you active in primary Mine supply (e.g Dore Bars)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you active in secondary supply (e.g Scrap Jewellery)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently / potential source metal from conflicted and high-risk area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the risk assessment consider delivery channels risk?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATION

I/ We hereby declare that the information given above is true and accurate as of the date of writing. I /we undertake to automatically inform **Save In Gold** of any material changes.

Details	Authorized signatory	Authorized signatory
Signature:		
Print Name:		
Company Name and Stamp		
Date and location:		



For Official Compliance Use Only

Details	Approved	Rejected
Signature:		
Print Name:		
Designation:		
Date and location:		
Feedback of the Decision:		