



Gold Trading LLC

KYC Form- Companies

SECTION A – COMPANY DETAILS

A1. Name (as per Trade License)

Company Name

A2. Legal Status

Sole Proprietorship

Public Limited Company

Partnership Company

Private Limited Company

Limited Liability Company

Branch of a Foreign Company

Free Zone Company

Trust/Club/Society/Association

Others (please specify)

A3. Company Information

Country of Establishment

Date of Establishment

License No.

Issuing Authority

License Issue Date

License Expiry Date

A4. Tax Information

Tax Registration Date

Tax Registration Number

A5. Contact Details

Primary Contact Name

Designation

Telephone (Office)

Mobile

Email

Website

A6. 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)



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Address (Line 2)			
City		P.O. Box / Postal Code	
State / Province		Country	

A7. Details of Individual Shareholders / Ownership (if applicable)

Name	Nationality	Passport/ID No.	Address	Ownership %

A8. Details of Corporate Shareholders / Ownership (if applicable)

Company Name	Country	Licensing Authority	Trade License No.	Ownership %

A9. Details of Beneficial Owners (at least 25 per cent shares and voting rights of a company)

Name	Nationality	ID/Passport No.	Address	Ownership %

A10. Details of Key Managerial Person (List names of Directors/Key Senior Management)

Name	Nationality	ID/Passport No.	Address	Ownership %



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A11. Details of Authorized 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

A12. 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				

B. 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



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	<input type="checkbox"/>	Others (please specify)	
License Type	<input type="checkbox"/>	Trading	<input type="checkbox"/> Commercial
	<input type="checkbox"/>	Industrial	<input type="checkbox"/> Professional
	<input type="checkbox"/>	Others (please specify)	
Total No. of Employees			
No. of Years of experience in the Precious Metals Industry			
Does any shareholder / Beneficial Owner / Key Managerial Person has any other business?	<input type="checkbox"/>	Casino	<input type="checkbox"/> Restaurants
	<input type="checkbox"/>	Currency Dealer or Exchanger	<input type="checkbox"/> Used Car or Motorcycle Dealers
	<input type="checkbox"/>	Movie Theatres	<input type="checkbox"/> Travel Agencies
	<input type="checkbox"/>	Apartment Houses	<input type="checkbox"/> Hotels
	<input type="checkbox"/>	Gaming	<input type="checkbox"/> Retail stores
	<input type="checkbox"/>	Art and Antique Dealers	<input type="checkbox"/> General Trading
	<input type="checkbox"/>	Liquor Stores	<input type="checkbox"/> Lawyers & Accountants
	<input type="checkbox"/>	Luxury Good Dealers	<input type="checkbox"/> Auction Houses
	<input type="checkbox"/>	Gambling Services	<input type="checkbox"/> Constructions Companies
	<input type="checkbox"/>	Car Washes	<input type="checkbox"/> Beauty Shops
	<input type="checkbox"/>	Taxicabs	<input type="checkbox"/> None
	<input type="checkbox"/>	Others (please specify)	
	Mention the metals that you work with	<input type="checkbox"/>	Gold
<input type="checkbox"/>		Others (please specify)	
Mention the form of gold that you work with	<input type="checkbox"/>	Mined Gold – Alluvial gold	<input type="checkbox"/> Mined Gold – Gold ore
	<input type="checkbox"/>	Mined Gold – Gold concentrate	<input type="checkbox"/> Mined Gold – Gold doré
	<input type="checkbox"/>	Mined Gold – Mining By-product	<input type="checkbox"/> Mined Gold – LSM Gold
	<input type="checkbox"/>	Mined Gold – ASM Gold	<input type="checkbox"/> Recyclable Gold – Melted
	<input type="checkbox"/>	Recyclable Gold – Industrial By-product	<input type="checkbox"/> Recyclable Gold – Unprocessed
	<input type="checkbox"/>	Grandfathered Stocks	
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"/> Wholesalers
	<input type="checkbox"/>	Jewellers	<input type="checkbox"/> Individuals
	<input type="checkbox"/>	Mines	<input type="checkbox"/> Refinery
	<input type="checkbox"/>	Banks	<input type="checkbox"/> Funds



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	<input type="checkbox"/>	Others (please specify)		
Mention all Countries of Origin of your precious metals				
Mention all Countries in which you sell your precious metals				
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:			
How do you intend to transport the metal from its country of origin to Dubai?	<input type="checkbox"/>	Transporter / Secured logistic company	<input type="checkbox"/>	Hand carry
	<input type="checkbox"/>	Others (please specify)		
Do you have an account with an internationally recognized transporter/ secured logistic company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If Yes, which one :			
	<input type="checkbox"/>	Brinks	<input type="checkbox"/>	Trans guard
	<input type="checkbox"/>	Armguard	<input type="checkbox"/>	Ferrari
	<input type="checkbox"/>	Other (please specify)		

C. BANK INFORMATION

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

D. FINANCIAL INFORMATION

Do you keep records and accounts for your transactions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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Do you have external independent financial auditors?	If Yes, mention the name of your auditors:
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)

E. COMPLIANCE INFORMATION

E1. RESPONSIBLE PRECIOUS METAL SUPPLY CHAIN POLICY

Did your institution establish a responsible supply chain of gold from conflict-affected and high-risk areas policy which is consistent with the standards set forth in the model supply chain policy in Annex II of the OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas? If yes, please provide a copy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Does your company comply or plan to comply with the OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas?	<input type="checkbox"/>	Complies	<input type="checkbox"/>	Plans to Comply	<input type="checkbox"/>	No
Does your company have policies and procedures that cover human rights? If yes, please provide a copy.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Does your company have an anti-bribery and corruption policy? If yes, please provide a copy.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Does your company have a whistle-blower policy in place? If yes, please provide a copy.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Does your company have a Data Protection Policy? If yes, please provide a copy.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Does your company have a policy consistent with the standards set forth in the LBMA Gold Guidance? If yes, please provide a copy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Does your company have a policy consistent with the standards set forth in the DMCC Practical Guidance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		



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for Market Participants in the Gold and Precious Metals Industry? If yes, please provide a copy				
Does your company have a policy consistent with the standards set forth in the Responsible Jewellery Council's Code of Practices and Chain of Custody? If yes, please provide a copy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

E2. AML / CFT POLICY AND PROCEDURES				
Is money laundering and terrorist financing a criminal offence in the country where your company is located?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are there any anti-money laundering and combating terrorist financing laws and regulations in place in your country and are these laws applicable to your company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, mention the laws:				

Did your company prepare a documented set of Policies and Procedures with regards to combating money laundering and terrorist financing according to FATF standards and controls? If yes, please provide a copy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did your company carry out and document an internal risk assessment to understand its money laundering and terrorist financing risks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has your organization implemented processes for the identification and verification of your customers and beneficial owners?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your organization have procedures to establish a record for each customer noting their respective identification documents and Know Your Customer Information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the Company have a risk-based assessment of its clients (e.g. low, medium or high risks)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the Company conduct enhanced due diligence for high-risk clients?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your establishment 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 organization have policies to conduct enhanced due diligence which includes obtaining senior management approval for establishing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



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business relationship or one-off transaction with PEPs, their family and close associates?				
Does your institution collect information relating to customer's and beneficial owner(s)' source of wealth and source of funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has your organization appointed a designated compliance officer with sufficient experience / expertise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, please provide the following information: Name: Designation: Contact No.: Email ID:			
Does the compliance officer have the necessary power and independence to perform his duties?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your institution have a monitoring program for the identification and reporting of suspicious or unusual activity/transaction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your institution screen customers and transactions against lists of persons, entities or countries issued by government/international bodies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, mention the list:			
	<input type="checkbox"/>	UN Sanctions	<input type="checkbox"/>	UAE (Local Terrorist List)
	<input type="checkbox"/>	Other local regulations (please mention) :		
Did your establishment sign up to the goAML system of the FIU?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has your establishment created and documented red flags to provide reasonable grounds for reporting of any suspicious transaction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the Company perform a risk-based assessment to understand the normal and expected transactions of its clients (in order to identify the unusual transactions)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the establishment keep records of customers and transaction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



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	If yes, then mention the number of years for which the record is kept:		
Does your establishment conduct regular ongoing AML/CFT training for staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Does the Company have a maximum amount allowed for cash payment as per internal policy or regulatory framework?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
	If yes, mention the amount:		

E3. SUPPLY CHAIN DUE DILIGENCE			
What is the typical profile of your precious metals' suppliers?	<input type="checkbox"/>	Corporate (____%)	<input type="checkbox"/> Individual (____%)
What type of information does the Company request from its precious metals' suppliers?	<input type="checkbox"/>	Company Identification (Name, Address, etc.)	<input type="checkbox"/> Registration Documents (Trade License, Tax Certificate, etc.)
	<input type="checkbox"/>	Ultimate beneficial ownership including ID/Passport copies of owners	<input type="checkbox"/> Business, activity, and financial details
	<input type="checkbox"/>	License (Export, Mine)	<input type="checkbox"/> AML/CFT Policy
	<input type="checkbox"/>	Other (please specify)	
What type of information does the Company request from its precious metals' suppliers?	<input type="checkbox"/>	Invoice	<input type="checkbox"/> Customs document
	<input type="checkbox"/>	Certificate of Origin	<input type="checkbox"/> Assay Report
	<input type="checkbox"/>	Other (please specify)	
Do you monitor your suppliers for inconsistent transactions? (Unusual weight, purity, transfers, third party payments etc.)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Does the Company assess its corporate precious metals suppliers' Supply Chain Policy and purchase procedures and practices?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No



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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 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
- DMCC Practical Guidance for Market Participants in the Gold and Precious Metals Industry
- I/We hereby warrant to **SALOR GOLD TRADING L.L.C** that the Metals/Stones/Funds to be delivered to **SALOR GOLD TRADING L.L.C** 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 **SALOR GOLD TRADING L.L.C**, 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 UAE 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 keep **SALOR GOLD TRADING L.L.C** safe from any claims howsoever arising from as a result of such sharing, searching, usage, processing or disclosure of account information and data.
- I agree that we are fully liable to maintain an adequate margin amount as per the agreement.

Signature		Company Stamp	
Company Name			
Name of the Authorized Signatory			
Title / Designation of the Authorized Signatory			
Date			Place



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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
	• 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
	Document / Information	Completed
2	Proof of the company's Registered Address and Office/Principal Address (primary address where the business activity is performed) in the country of origin and/or physical address within the UAE:	
	• Utility bill (e.g., electricity, water, phone)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Tenancy contract / purchase agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Local authority tax bill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3	Compliance Policies (if available):	
	• AML/CFT policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	• Responsible Supply Chain Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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	<ul style="list-style-type: none"> • Anti-bribery Policy 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<ul style="list-style-type: none"> • Whistleblower Policy 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	Board Resolution	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5	List of Authorized Traders (with their specimen signature)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	For all Shareholders / Ultimate Beneficiary Owner / Key Managerial People / Authorized Signatories / Powers of Attorney Holders / Third party mandate holders, provide the following documents:	
	<ul style="list-style-type: none"> • Passport 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<ul style="list-style-type: none"> • National ID 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<ul style="list-style-type: none"> • Visa for the Country of Residence (if applicable) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<ul style="list-style-type: none"> • Address Proof 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7	Financial Information:	
	<ul style="list-style-type: none"> • Latest Audited Financial Statement 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

FOR SALOR GOLD TRADING L.L.C USE ONLY:

Client Reference No.											
Form Reviewed By								Signature			
Date								Place			
Form Approved By								Signature			
Date								Place			

Account Opening Date								Account Code			
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