

KYC - Account Application Form

Legal Entity Identification			
Registered Corporate Name:			
Country of Establishment:		Date of Incorporation:	
Trade License Number:			
VAT/TRN Number :			
Issuing Authority:			
No. of Subsidiaries (if any):			
Legal Form:	e.g. (FZC, FZE, DMCC etc.)		
Office Tel No:		Office Fax No:	
Email Address:			
Registered Address:			
Mailing Address:			
Company Website:			

Nature of Business Activity			
Type of business activity (please mark below):			
<input type="checkbox"/> Precious Metal Traders	<input type="checkbox"/> Refinery		
<input type="checkbox"/> Wholesaler/ Manufacturer	<input type="checkbox"/> Exporter	<input type="checkbox"/> Retailer (Jewellery)	
<input type="checkbox"/> Investment Company	<input type="checkbox"/> Other		
No. of Employees within the company:			
Members of:	<input type="checkbox"/> Jewellers Association	<input type="checkbox"/> LBMA	
	<input type="checkbox"/> DED	<input type="checkbox"/> None	
Method of Payment:			
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transfer	

Signature

Beneficial Ownership (UBO) & Management

(Holds 10% or more of the share capital, please print another page if needed)

BENEFICIAL OWNER 1	
Full Legal Name:	Percentage Holding:
Date of Birth:	Nationality:
Mobile Number:	Email Address:
Current Home Address:	
Permanent Address (In Home Country):	
Please provide information on your source of wealth:	
PEP (Politically Exposed Person): <input type="checkbox"/> Yes <input type="checkbox"/> No	
BENEFICIAL OWNER 2	
Full Legal Name:	Percentage Holding:
Date of Birth:	Nationality:
Mobile Number:	Email Address:
Current Home Address:	
Permanent Address (In Home Country):	
Please provide information on your source of wealth:	
PEP (Politically Exposed Person): <input type="checkbox"/> Yes <input type="checkbox"/> No	
BENEFICIAL OWNER 3	
Full Legal Name:	Percentage Holding:
Date of Birth:	Nationality:
Mobile Number:	Email Address:
Current Home Address:	
Permanent Address (In Home Country):	

Signature

Please provide information on your source of wealth:

PEP (Politically Exposed Person): ☐ Yes ☐ No

MANAGEMENT STRUCTURE

Name (Please Provide information and passport copies if other than Beneficial Owners)	Position (Board of Directors or Management)	Designation (i.e. Managing Director, General Manager etc.)	Nationality	Date of Birth

PRINCIPAL CONTACT(S) & PERSON WHO WILL OPERATE THE ACCOUNT

Authorized Account Operator Name	Country of Residence	Designation	Nationality	Date of Birth

Corporate Banking Details

This account will be used as the settlement bank account and the cheque issued by GGT Prime FZCO will be accorded to the account name below, unless otherwise instructed by Client.

Account Name:

Account Number:

Currency:

☐ USD

☐ AED

☐ OTHER

Bank:

Swift Code

Bank Branch Code:

Bank Code

Trade References

(Minimum of 2)

Name	Country of Incorporation

Signature

SPECIMEN SIGNATURE

BENEFICIAL OWNER 1	
Name:	Signature:
BENEFICIAL OWNER 2	
Name:	Signature:
BENEFICIAL OWNER 3	
Name:	Signature:
AUTHORIZED SIGNATORY 1 (If other than owner, please provide supporting documents)	
Name:	Signature:
AUTHORIZED SIGNATORY 2 (If other than owner, please provide supporting documents)	
Name:	Signature:
AUTHORIZED SIGNATORY 3 (If other than owner, please provide supporting documents)	
Name:	Signature:

Declaration of Source of Funds

I/We understand the requirements of the Resolution and the Federal Law No. 4 of 2002 as amended by Federal Law No. 9 of 2014 (On AML/CFT) and do hereby undertake that the source of funds/metals are acquired from legitimate sources. I/We undertake that funds do not originate from any sanctioned country/entity/person from the UN or other relevant programs.

Owner / Authorized Signatory Name:	Date:
Signature:	Stamp:

Signature

AML/CFT Compliance Questionnaire

1. Has your company established written policies and procedures designed to combat "Money Laundering" (ML) and the "Financing of Terrorism" (FT) and are these policies and procedures applicable to all your branches, subsidiaries and	
- Do you have a compliance officer and/or compliance function responsible for coordinating / monitoring compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, please give the name and contact details of your Compliance officer in your institution.	
* Full Name: * Mailing Address: * Email:	<i>Kindly note that the information requested for the fields denoted with * is mandatory.</i>
2. Please tick where applicable to confirm that your AML/CFT policy and procedures include the following:	
- Client identification and verification	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Not dealing (engaging into transactions and/or entering into with anonymous clients	Yes <input type="checkbox"/> No
- Identifying clients' source of funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Monitoring of transactions so that unusual activity can be altered, detected and reported	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments on your response:	
3. Does your company maintain records on client identification, client files and correspondence and cooperate with local authorities so as to permit investigations of suspicious activities as well provide, if necessary, evidence for proGGT Prime prosecution of criminal behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do your procedures require retention of relevant records? And if yes for how long? _____ Years	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do all your relevant staff regularly train on your own AML/CFT policies and procedures and on the requirement of local laws and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your company have a policy of protecting your employees if they report, in good faith, any suspicious activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you screen your clients and suppliers against sanctioned names as notified by competent authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have a policy and procedures for independent audit or testing of your AML/CFT of your AML/CFT compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your 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

Signature _____

General Undertaking & Indemnity

By signing this form I declare that the information provided is true and all documents submitted along with the KYC documents are genuine. I undertake to promptly inform GT Prime in writing of any changes and agree that GT Prime is not liable for activity performed on the basis of the information provided.

AUTHORIZED SIGNATORIES

Name of Authorized Signatory (As indicated in Individual's Passport):		
Title/Designation:		
Date:		
Passport Number:		
Nationality:		
Signature:		

REQUIRED DOCUMENTS

1. Valid Trade License – Minimum of 3 months before expiration
2. Company Registration Documents <ul style="list-style-type: none"> • Memorandum of Association (and necessary amendments, if any) • Articles of Incorporation • Shares Certificate
3. Passport Copy / Visa Page of the following: <ul style="list-style-type: none"> - Beneficial Owners / Shareholders - Authorized Signatory/ies - Person/s who will operate the account
4. Latest Utility Bill or Tenancy Contract of the following: <ul style="list-style-type: none"> - Registered Address (as per the license) - Office/Principal Address (primary address where the business activity is performed)
5. Board Resolution – stating the intention to open an account and its purpose, with information of the person who will operate the account.
6. Duly Completed Application Form – Initials on each page
7. Bank Letter of Good Standing and/or Trade Reference Letter - please submit at least one

Signature _____

<p>5. Latest Utility Bill or Tenancy Contract of the following:</p> <ul style="list-style-type: none"> - Registered Address (as per the license) - Office/Principal Address (primary address where the business activity is performed)
<p>5. Board Resolution – stating the intention to open an account and its purpose, with information of the person who will operate the account.</p>
<p>6. Duly Completed Application Form – Initials on each page</p>
<p>7. Bank Letter of Good Standing and/or Trade Reference Letter - please submit at least one</p>

IMPORTANT INFORMATION

Kindly send the scanned copies of the required documents to **info@ggtprime.ae** for the initial assessment. We will advise you when to send notarized copies or present original for verification.

- We only accept documents in English.
- The list above are basic minimum requirements, we may request for additional supporting documents if deemed necessary during the account opening procedure.
- Please be informed that documents and information including the company, shareholders, beneficial owners, and person/s who will operate the account are processed and checked against the World-Check database and other third-party due diligence software and service providers as part of account opening/disclosed to auditors or any regulatory bodies in case requested and to satisfy the KYC obligations.

For further assistance and clarification, please contact the Compliance Department by phone at (+971) 50 629111 or by email at **info@ggtprime.ae**

FOR GGT Prime Use Only

(DON'T FILL IN THIS BOX)

Signature