



**KYC and Application Form**

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| **Company name (as mentioned on the business registration) :** |
| **Registered address :** |
| **Business address :** |
| **Business registration number / VAT number :** |
| **Country of incorporation :** |
| **Date of incorporation :** |
| **Beneficial owner / Authorized signatory 1 :** |
| **Beneficial owner / Authorized signatory 2 :** |
| **Beneficial owner / Authorized signatory 3 :** |
| **Beneficial Owner / Authorized signatory 4 :** |
| **Number of related companies in your group :** |
| **Please provide a group organigram :** |
| **Regulatory body (if applicable) :** |
| **License (if applicable) :** |
| **If listed, indicate name of stock exchange :** |
| **External auditor(s) :** |

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| **Contact person :** |
| **Telephone :** |

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| **E-mail :** |
| **Website :** |

**Documents required** :

1. Business Registration ;
2. Certificate of Incorporation ;
3. Latest annual financial statements ;
4. Company letterhead + official stamp (proof on invoice, written  
    communication, …) ;
5. Registered physical address of the company ;
6. Memorandum & Articles of Association ;
7. Tax certificate ;
8. Active EU VAT number (if company is EU-member) or Registration Number ;
9. Board Resolution / signing authorities ;
10. Director’s ID / passports ;
11. Copy of license (s) permits (in case applicable) ;
12. Standard Settlement Instructions (for AML) ;
13. Letter from bank confirming trading of account ;
14. Power of Attorney ;
15. Declaration ;
16. KYC questionnaire ;

**SHAREHOLDERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Percentage holding** | **Name** | **Address** | **Nationality** | **Date of birth** |
|  |  |  |  |  |
|  |  |  |  |  |
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**ULTIMATE BENEFICIAL OWNER ( MORE THAN 10% - INDIVIDUALS ONLY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Percentage holding** | **Name** | **Address** | **Nationality** | **Date of birth** |
|  |  |  |  |  |
|  |  |  |  |  |

**MANAGEMENT STRUCTURE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Nationality** | **Date of birth** |
| **Board of directors** |  |  |  |
|  |  |  |
|  |  |  |
| **Management** |  |  |  |
|  |  |  |
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**BUSINESS ACTIVITY**

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| --- | --- | --- |
| **Type of business** | Bank Wholesaler  Broker Jeweler  Precious Collective metals investment trader/dealer fund  Scrap dealer Coins dealer  Other financial Trading  intermediary House  Mint Mine industry  Other Industrial | |
| **Institutional client qualification**  (Chose one of the two) | We are an institutional investor whose treasury is managed professionally. We have at least an experienced employee with financial qualification who is principally and permanently in charge of the treasury of the company. |  |
| We are not an institutional investor. |  |
| **Description of core business activity:** | | |

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| **Main market :** |
| **Main products :** |
| **With whom have you refined your precious metal before :** |
| **Profile of your precious metal suppliers/customers :** |
| **Country of origin of precious metals delivered to Affinor bvba :** |

**FINANCIAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Currency** | **Last reporting period** | **Previous year** |
| **Capital** |  |  |  |
| **Total shareholders’ equity** |  |  |  |
| **Total balance sheet** |  |  |  |
| **Sales** |  |  |  |
| **Net income** |  |  |  |

*Please provide a copy of the latest annual report*

**HUMAN RESOURCES**

**Number of employees**

**RESPONSIBLE PRECIOUS METAL SUPPLY CHAIN POLICY**

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| --- | --- |
| Has your institution established a responsible supply chain policy of gold from conflict-affected and high-risk areas ? | Yes |
| *Please provide a copy* | No |
| Is your supply chain policy 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 ? | Yes |
| No |
| Is your institution comply or plan to comply with the OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas ? | Yes |
| No |

|  |  |
| --- | --- |
| Authorized signatory : | Authorized signatory : |
| Title : |  |
| On behalf of (company name) : |  |
| Date : |

**WOLFSBERG ANTI-MONEY LAUNDERING QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| Company name:  Location: | | |
| **If you answer “no” to any question, please ensure that an explanation and additional**  **information is supplied at the end of the relevant section** | | |
| **I. *General AML policies, practices and procedures:*** | **Yes** | **No** |
| 1. Do you follow AML procedures ? if yes, please describe . |  |  |
| 2. Do you preform Due Diligence on your suppliers/clients ? if yes, please explain. |  |  |
| 3, What documents do you request to verify the legitimacy of your suppliers/ clients ? Please provide the full list .  3. |  |  |
| 4. What documents do you collect for the precious metals you buy ? Please provide the full list . |  |  |
| 5. How do you monitor your supply chain and mitigate the risks ? Please explain. |  |  |
| 6. How long do you keep records of clients/ suppliers ? .......years |  |  |
| 7.Where cash transaction reporting is mandatory, does the company have procedures to identify structured transactions to avoid such obligations ? |  |  |
| 8. Does the company have a monitoring program for unusual and potentially suspicious activity that covers funds, transfers and monetary instruments such as traveler checks, money orders, … ? |  |  |
| 9. Does the company have policies to reasonably ensure that it only operates with correspondent banks who possess licenses to operate in their country  of origin? |  |  |
| **II.** Describe the geolocation(s) of the activities? |  |  |
|  |  |  |
| 10. What is your experience in trade and as a professional ? |  |  |

**BANK DETAILS**

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| --- | --- |
| Bank name : |  |
| Account Name / Beneficiary name : |  |
| Reference letter of the bank : |  |
| Name & details of the Bank Manager : |  |
| Currency : |  |
| Account number : |  |
| Iban + Swift Code : |  |

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| Do you keep records and accounts of all transactions? |
| Do you have an independent auditor ? If yes, who ? |
| Who, within the company, is responsible for the account and the payments of the company ? Please provide all details : name, e-mail address, phone number and signature |
| Please provide us all additional e-mail addresses who we need to put in cc concerning your account and/or other important information. |

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| **Name of authorized signatory:** |
| **Title:** |
| **Signature of authorized signatory:** |
| **Date:** |

**Company stamp:**

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