

CUSTOMER SUPPLY CHAIN QUESTIONNAIRE

- Please fill out the form in block letters and English -

1. COMPANY DETAILS													
a. Name													
b. Registered Address													
c. Business Address													
d. Telephone Number													
e. Date of Incorporation													
f. Country of Incorporation													
g. Business Registration Number													
h. Tax Identification/Registration Number													
i. Website													
j. External Financial Auditors Since Date													
k. How many direct & indirect subsidiaries does the company have? (please provide a Group chart)													
2. BUSINESS ACTIVITY													
a. Type of Business	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Jeweler</td> <td style="width: 20%;"><input type="checkbox"/></td> <td style="width: 15%;">Wholesaler</td> <td style="width: 5%;"><input type="checkbox"/></td> </tr> <tr> <td>Scrap/Coins Dealer</td> <td><input type="checkbox"/></td> <td>Precious Metals Trader</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Financial Intermediary</td> <td><input type="checkbox"/></td> <td>Others, please specify</td> <td><input type="checkbox"/></td> </tr> </table>	Jeweler	<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>	Scrap/Coins Dealer	<input type="checkbox"/>	Precious Metals Trader	<input type="checkbox"/>	Other Financial Intermediary	<input type="checkbox"/>	Others, please specify	<input type="checkbox"/>
Jeweler	<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>										
Scrap/Coins Dealer	<input type="checkbox"/>	Precious Metals Trader	<input type="checkbox"/>										
Other Financial Intermediary	<input type="checkbox"/>	Others, please specify	<input type="checkbox"/>										
b. Description of Core Business Activity													
c. Does the company hold a license to conduct its business (es)?													
d. Main Market													
e. Main Products													

3. MANAGEMENT STRUCTURE

	Names	Title	Nationality	Date of Birth
a. Board of Directors				
b. Top Management				

4. FINANCIAL INFORMATION

4.1 Financial Statements Details

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

Please provide copy of latest Annual Report

4.2 Other Financial Information

f. Source of operation funding	<input type="checkbox"/> Own Equity <input type="checkbox"/> Government entity, name(s): _____ <input type="checkbox"/> Bank Loan, name(s): _____ <input type="checkbox"/> Other third party loan, name(s): _____									
g. What usual payment method does the Company use to pay its suppliers?	<table border="1"> <thead> <tr> <th>Payment Type</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Bank Transfers</td> <td></td> </tr> <tr> <td>Checks</td> <td></td> </tr> <tr> <td>Cash</td> <td></td> </tr> </tbody> </table>		Payment Type	Percentage (%)	Bank Transfers		Checks		Cash	
Payment Type	Percentage (%)									
Bank Transfers										
Checks										
Cash										

5. REGULATORY ENVIRONMENT

	YES	NO	N/A
a. Does your Company need to comply with detailed health and safety regulations in the country/province of operations?			
b. Does your Company need to comply with detailed environmental regulations in the country/province of operations?			
c. Is child labour regulated in mining activity in the country/province of operations?			
d. Are public security forces used on or around the mine site?			

6. HUMAN RESOURCES

a. Number of employees within the Company	
b. Number of employees within the group	

7. ORIGIN OF PHYSICAL PRECIOUS METALS

a. Profile of your precious metals suppliers (Individual/ Company)	
b. Country(ies) of origin of precious metals delivered to us?	
c. County(ies) of destination of precious metals delivered once refined?	
d. Is the Company legally required to have a license to import precious metals?	<input type="checkbox"/> Yes- please provide a copy <input type="checkbox"/> No <input type="checkbox"/> N/A
e. Is the Company legally required to have a license to export precious metals?	<input type="checkbox"/> Yes- please provide a copy <input type="checkbox"/> No <input type="checkbox"/> N/A

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8. FACILITIES

	YES	NO	N/A
a. Does the Company have any smelting or refining facilities?			
b. Does the Company have any manufacturing facilities?			
c. Does the company produce its own jewelry?			
d. What are the types, forms and percentage of precious metals sourced by the Company?			
<input type="checkbox"/> Recycled precious metals			
<input type="checkbox"/> LBMA GLD Bullion			
<input type="checkbox"/> Dore Bars			
<input type="checkbox"/> Coins			
<input type="checkbox"/> Primary material- mined precious metals			
<input type="checkbox"/> Non LBMA GLD Bullion (Au= >995 / Ag= >9999)			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/> Others, please specify: _____			
e. What type of precious metals is the Company planning to send?			
<input type="checkbox"/> Gold			
<input type="checkbox"/> Silver			
<input type="checkbox"/> Others, please specify: _____			

9. RESPONSIBLE PRECIOUS METALS SUPPLY CHAIN POLICY

<p>a. 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 OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas? http://www.oecd.org/daf/inv/mne/GuidanceEdition2.pdf</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Plans to comply <input type="checkbox"/> No</p>
<p>b. Does 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Plans to comply <input type="checkbox"/> No</p>
<p>c. Is the Company complying with any of the following industry initiatives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> LBMA Responsible Gold Guidance <input type="checkbox"/> LBMA Responsible Silver Guidance <input type="checkbox"/> ICGLR International Conference on the Great Lakes Region <input type="checkbox"/> RJC Chain of Custody Standard <input type="checkbox"/> WGC Conflict Free Gold Standard <input type="checkbox"/> Others, please specify: 	

10. ANTI-MONEY LAUNDERING (AML)-COMBATING FINANCIAL TERRORISM (CFT)

<p>a. Is your institution subject to Anti-Money Laundering /Combating Financial Terrorism Law/Regulation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Has your institution established a conformity program that contains AML/CFT policies and procedures, according to internal & international laws, rules and standards?</p>	<p><input type="checkbox"/> Yes - Please provide a copy <input type="checkbox"/> No</p>

11. BRIBERY POLICY

<p>a. Does your Company have any bribery policy in place?</p>	<p><input type="checkbox"/> Yes- Please provide a copy <input type="checkbox"/> No</p>
<p>b. Has the Company or the Senior Management ever been charged anywhere in the world for violation of applicable anti-bribery laws or regulations?</p>	<p><input type="checkbox"/> Yes- Please provide details <input type="checkbox"/> No</p>

12. DATA PRIVACY PROTECTION

<p>a. Does your Company have Data Protection Policy?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Does your Company have Data Protection Commissioner?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. Does your Company have a certified data storage system or an information system?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

13. PRECIOUS METALS SUPPLIERS DUE DILIGENCE QUESTIONNAIRE

	YES	NO	N/A
<p>a. Does the Company have a person responsible (Compliance Officer) for all AML-CFT matters (Due Diligence, AML Policies, Internal Training)? If Yes, please provide us with his/her name, phone number and email address.</p>			
<p>b. Is the Company subject to an AML-CFT audit by an independent party or a governmental party? Date of your last AML-CFT compliance audit:</p>			
<p>c. How long does the Company keep its Due Diligence files (records)?</p>			
<p>d. What is the typical profile of your precious metals suppliers? <input type="checkbox"/> Corporate (%) <input type="checkbox"/> Individual (%)</p>			
<p>e. Does the Company have risk-based assessment of its precious metals suppliers (e.g. Low, Medium, High)?</p>			
<p>f. Does the Company screen precious metals suppliers transactions against lists of persons, entities or countries issued by government/competent authorities?</p>			
<p>g. Does the Company perform enhanced Due Diligence for High Risk precious metals suppliers?</p>			
<p>h. Does the Company perform a risk-based assessment to understand the normal and expected transactions of its suppliers (in order to identify the unusual transactions)?</p>			
<p>i. Does the Company have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments (as travelers checks) or third party payments?</p>			
<p>j. Does the Company have to register all purchases and sales?</p>			
<p>k. Does the Company have a procedure in place to prevent, detect and report suspicious transactions from its suppliers to the relevant Authority?</p>			

Space for additional information (Please indicate which question the information is referring to):

UNDERTAKINGS:

- 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 **AURUM PARTNERS FZ-LLC** of any material changes.

14. SIGNATORY	
Signature and Company Stamp:	
Print Name:	
Title:	
Company Name:	
Date and Location:	

Compliance Department
AURUM PARTNERS FZ-LLC