



## KNOW YOUR CUSTOMER FORM

Please fill out the form in BLOCK LETTERS and ENGLISH

1. CONTACT PERSON INFORMATION			
Primary contact name:			
Title:			
Legal company name:			
Trade License no:			
Date & place of incorporation:			
Phone:		Fax:	E-mail:
Official website:			
Registered company address. Please provide office no., floor no., building no., street name and P.O. Box:			
City:		State:	
Country:			
List of Managers and the officers of the company			
1		3	
2		4	
List of owners and shareholders of the company			
1		4	
2		5	
2. BUSINESS INFORMATION			
Primary business activity			
<input type="checkbox"/> Scrap Collector	<input type="checkbox"/> Trader	<input type="checkbox"/> Miner	<input type="checkbox"/> Other:
Material type being traded. E.g. Melted bars, coins, jewelry:			
Country of origin of precious metals delivered to us:			
3. SIGNATORY			
Representative name, date and location:			
Signature and company stamp:			