



SUPPLY CHAIN QUESTIONNAIRE – MINED GOLD

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 number:	
i. Website:	
j. External financial auditors since date:	
k. How many direct and indirect subsidiaries does the company have? Please provide a Group chart	

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2. BUSINESS ACTIVITY	
a. Type of business	Large scale mine (>100'000 oz/year) <input type="checkbox"/> Precious Metals trader <input type="checkbox"/> Medium scale mine (30-100'000 oz/year) <input type="checkbox"/> Others, please specify: <input type="checkbox"/> Small scale mine (<30'000 oz/year) <input type="checkbox"/>
b. Description of core business activity:	
c. Does the company hold a license to conduct its business?	
d. In which country/ies do you currently refine your precious metals?	
e. Main products:	



3. BENEFICIAL OWNERS				
SHAREHOLDER(S) (MORE THAN 25%)				
Percentage holding (%)	Name	Address	Nationality	Date of Birth
ULTIMATE BENEFICIAL OWNER (MORE THAN 25% - INDIVIDUAL ONLY)				
Percentage holding (%)	Name	Address	Nationality	Date of Birth

4. MANAGEMENT STRUCTURE				
	Names	Title	Nationality	Date of birth
a. Board of Directors				
b. Top Management				

5. FINANCIAL INFORMATION			
5.1 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			



<i>Please provide copy of latest Annual Report</i>									
5.2 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									

6. 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/state of operations?			

7. HUMAN RESOURCES	
a. Number of employees within the company:	
b. Number of employees within the group:	

8. ORIGIN OF PHYSICAL PRECIOUS METALS CAPACITY AND MINING PRACTICES	
a. From how many mining site(s) is the gold extracted?	
b. Name of the mining site:	
c. Where exactly is the mining site(s) located? Please provide country, province, closest city and GPS coordinate	
d. In which perimeter (km) around the centre of operation/processing plant is the mining site(s) located?	
e. Is the mining site(s) legally required to hold a mining license? <i>Please provide a copy/ies</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of issue: _____ Expiry date: _____



f. What is the daily production of the mining site?	
g. What are the estimated reserves of the mining sites?	
h. How many people are working on the mining site?	
i. What is the gold extraction method and mining equipment?	
j. Are there comprehensive procedures and systems to guarantee the safety of personnel at the mining site (such as use of proper protective equipment, health and safety training, first aid materials and emergency procedures)?	<input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No
k. Are there comprehensive procedures and systems at the mining site to avoid negative impact to the environment by gold extraction such as adequate tailing treatment, system to avoid pollution emission, etc.?	<input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No
l. Does the mining site engage with affected communities and support local community development?	<input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No
m. Is there a comprehensive procedure at the mining site to ensure prevention of child labor?	<input type="checkbox"/> Yes, please describe: <input type="checkbox"/> No
n. Are there any armed groups stationed on/near the mine site? If yes, please provide information as to the reason:	<input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> State armed group <input type="checkbox"/> Non state armed group <input type="checkbox"/> Public or private security forces <input type="checkbox"/> No
o. Does the company employ professional security forces to control the mine site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. Has the regulator responsible for mining operations carried out an on-site visit?	<input type="checkbox"/> Yes, date of last visit: <input type="checkbox"/> No



<p>q. If no on-site visit has been performed yet, is there any visit planned?</p>	<p><input type="checkbox"/> Yes, date of planned visit: _____ <input type="checkbox"/> No</p>
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9. PROCESSING PLANT

<p>a. Where exactly the gold processing plant is located? Provide country, province, closest city and GPS coordinate.</p>	
<p>b. How many people are working in the gold processing plant?</p>	
<p>c. Is the gold processing plant held by the mining company or is it outsourced to an external party?</p>	<p><input type="checkbox"/> Mining company processing plant <input type="checkbox"/> Gold processing outsourced to an external plant Name: _____</p>
<p>d. If the mining company has its own processing plant, does it also source mined gold for processing from external parties?</p>	<p><input type="checkbox"/> Yes. Name and location of mining sites: _____</p> <p><input type="checkbox"/> No</p>
<p>e. What is the gold processing method? Please provide the processing equipment and methods.</p>	
<p>f. What chemical products are used during processing?</p>	<p><input type="checkbox"/> Mercury <input type="checkbox"/> Cyanide <input type="checkbox"/> Others, please specify: _____</p>
<p>g. What is the capacity of the processing plant per day?</p>	
<p>h. Is your company legally required to have a license to export precious metals?</p>	<p><input type="checkbox"/> Yes – Please provide a copy Date of issue: _____ Expiry date: _____</p> <p><input type="checkbox"/> No <input type="checkbox"/> N/A</p>



<p>i. Are there any comprehensive procedures and system to guarantee the safety of personnel in the processing plant (such as use of proper protective equipment, health and safety training, first aid materials and emergency procedures)?</p>	<p><input type="checkbox"/> Yes, please describe:</p> <p><input type="checkbox"/> No</p>
<p>j. Does the processing plant have comprehensive processes to avoid negative impact to the environment by gold processing, such as adequate tailing treatment, system to avoid pollution emission, etc.?</p>	<p><input type="checkbox"/> Yes, please describe:</p> <p><input type="checkbox"/> No</p>
<p>k. Does the processing plant engage with affected communities and support local community development?</p>	<p><input type="checkbox"/> Yes, please describe</p> <p><input type="checkbox"/> No</p>
<p>l. Does the processing plant have a comprehensive procedure to ensure prevention of child labor?</p>	<p><input type="checkbox"/> Yes, please describe</p> <p><input type="checkbox"/> No</p>
<p>m. Is there any armed groups stationed on/near the processing plant?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> State armed Group</p> <p><input type="checkbox"/> Non state armed group</p> <p><input type="checkbox"/> Public or private security forces</p> <p><input type="checkbox"/> No</p>
<p>n. Does the processing plant employ professional security forces to control the plant?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

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10. MATERIALS

a. What type of precious metals is the company planning to send?

Gold Others, please specify: _____

b. What is the form of precious metals planned to be sent for refining?

Gold concentrate Mining by-product

Gold ore bars Others, please specify: _____



11. TRANSPORTATION

a. How is the material transported from the mining sites to the processing plant?

By your company

By a third party (external company). Which company?

b. How is the material transported from the processing plant to the export location?

By your company

Truck Helicopter Armored vehicle Fixed wing aircraft

Others, please specify

By a third party (external company), which company? _____

Truck Helicopter Armored vehicle Fixed wing aircraft

Others, please specify

c. How will the material be transported from the export location to the refinery?

By your company

Aircraft Boat Armored vehicle

Others, please specify:

By a third party (external company), which company? _____

Aircraft Boat Armored vehicle

Others, please specify:

d. Is there any military/police checkpoint along the road from the mining site until the export location?

Yes. If yes, how many and for what purpose?

No



12. RESPONSIBLE PRECIOUS METALS SUPPLY CHAIN POLICY	
<p>a. Did your company 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</p> <p><input type="checkbox"/> Plans to comply</p> <p><input type="checkbox"/> No</p>
<p>b. 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?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Plans to comply</p> <p><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"/> RJC Code of Practices <input type="checkbox"/> Fair Trade Standard <input type="checkbox"/> WGC Conflict Free Gold Standard <input type="checkbox"/> Others, please specify: 	<p>Additional comments:</p>
<p>d. What are the procedures in place to ensure that the precious metals purchased have not financed armed conflicts?</p>	

13. ANTI-MONEY LAUNDERING (AML)-COMBATING FINANCIAL TERRORISM (CFT)	
<p>a. Is your company subject to Anti Money Laundering and Combating Financial Terrorism Law/Regulation?</p>	<p><input type="checkbox"/> Yes – Please fill in the Wolfsberg questionnaire attached</p> <p><input type="checkbox"/> No</p>
<p>b. Name of the AML-CFT Law/Regulation:</p>	
<p>c. Name of the Regulator:</p>	
<p>d. Did your company establish a conformity program that contains AML/CFT policies and procedures, according to internal and international laws, rules and standards?</p>	<p><input type="checkbox"/> Yes - Please provide a copy</p> <p><input type="checkbox"/> No</p>



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

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

This space is for additional information. Please indicate which question the information is referring to:

CUSTOMER 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.

16. SIGNATORY	
Representative name, date and location:	
Signature and company stamp:	



- ATTACHMENT-

TO BE FILLED IN ONLY FOR COMPANY SUBJECT TO AML-CFT REGULATION

Please fill out the form in BLOCK LETTERS and ENGLISH

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

Table with 3 columns: Question, Yes, No. Contains 9 questions regarding AML compliance.



II. Risk assessment	Yes	No
10. Does the company have a risk-based assessment of its customer base and their transactions?		
11. Does the company determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the company has reason to believe pose a heightened risk of illicit activities at or through the company?		
III. Know Your Customer, Due Diligence	Yes	No
12. Has the company implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions?		
13. Does the company have a requirement to collect information regarding its customers' business activities?		
14. Does the company assess its customers' AML policies or practices?		
15. Does the company have a process to review and, where appropriate, update customer information relating to high risk client information?		
16. Does the company have procedures to establish a record for each customer noting their respective identification documents and Know Your Customer Information?		
17. Does the company complete a risk-based assessment to understand the normal and expected transactions of its customers?		
IV. Reportable transactions and prevention and detection of transactions with illegally obtained funds	Yes	No
18. Does the company have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?		
19. Where cash transaction reporting is mandatory, does the company have procedures to identify transactions structured to avoid such obligations?		
20. Does the company screen customers and transactions against lists of persons, entities or countries issued by government/competent authorities?		
21. Does the company have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?		
V. Transaction monitoring	Yes	No
22. 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, etc.?		



VI. AML training	Yes	No
23. Does the company provide AML training to relevant employees that include identification and reporting of transactions that must be reported to government authorities including different forms of money laundering involving the company's products and services and internal policies to prevent money laundering?		
24. Does the company retain records of its training sessions including attendance records and relevant training materials used?		
25. Does the company communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?		
26. Does the company employ third parties to carry out some of the functions of the company?		
27. If the answer to question 26 is yes, does the company provide AML training to relevant third parties that includes: <ul style="list-style-type: none"> • Identification and reporting of transactions that must be reported to government authorities • Examples of different forms of money laundering involving the company's products and services • Internal policies to prevent money laundering 		

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VII. Signatory	
Representative name, date and location:	
Signature and company stamp:	