



UDS GOLD TRADING LLC

# ACCOUNT OPENING FORM

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# PRECIOUS METALS ACCOUNT OPENING QUESTIONNAIRE

**KNOW YOUR CUSTOMER/SUPPLIER (KYC/KYS) FORM**  
 (To be filled in by Customer / Supplier)  
 (Form for obtaining information and declaration as per Anti-Money Laundering Policy)

**1. COMPANY DETAILS**

<b>NAME (as per Trade License)</b>			
<b>Company Name</b>			
<b>LEGAL STATUS (Tick mark in appropriate field)</b>			
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Others: _____	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> DMCC/Freezone	_____	
<b>COMPANY INFORMATION</b>			
<b>Date of Establishment</b>		<b>Country of Establishment</b>	
<b>License No.</b>		<b>Issuing Authority</b>	
<b>License Issue Date</b>		<b>License Expiry Date</b>	
<b>TAX INFORMATION</b>			
<b>Tax Registration No</b>		<b>Tax Registration Date</b>	
<b>CONTACT DETAILS</b>			
<b>Primary Contact Name</b>			
<b>Designation</b>			
<b>Telephone (Office)</b>			
<b>Mobile</b>			
<b>Email</b>			
<b>Website</b>			
<b>ADDRESS DETAILS</b>			
<b>Registered Business Address</b>			
<b>Primary Business Address</b> <i>(if different from the Registered Business Address)</i>			

2. BUSINESS INFORMATION	
Type of Business	
Description of the core business activity	
Total No. of Employees	
Source of Funds	<input type="checkbox"/> Own Funds <input type="checkbox"/> Loans <input type="checkbox"/> Operation <input type="checkbox"/> Business Capital <input type="checkbox"/> Others: _____
Source of Wealth	
Mention the metals that you work with	<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Others (please specify): _____
Mention the form of gold that you work with	<input type="checkbox"/> Mined Gold – Alluvial Gold <input type="checkbox"/> Mined Gold – Gold Ore <input type="checkbox"/> Mined Gold – Gold Concentrate <input type="checkbox"/> Mined Gold – Gold Dore <input type="checkbox"/> Mined Gold – Mining Product <input type="checkbox"/> Mined Gold – LSM Gold <input type="checkbox"/> Mined Gold – ASM Gold <input type="checkbox"/> Recyclable Gold - Melted <input type="checkbox"/> Recyclable Gold – Industrial by product <input type="checkbox"/> Recyclable Gold - Unprocessed <input type="checkbox"/> Grandfathered Stocks
From whom do you purchase the Precious Metals?	<input type="checkbox"/> UAE Suppliers <input type="checkbox"/> International Suppliers
Profile of your precious metal suppliers (Individual / Company)	
Mention all Countries of Origin of your precious metals	
Mention all Countries in which you sell your precious metals	
How do you intend to transport the metal from its country of origin to Dubai?	<input type="checkbox"/> Transporter / Secured Logistic Company <input type="checkbox"/> Handcarry <input type="checkbox"/> Others (please specify): _____
Do you have the license / authorization to import / export precious metals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, mention the Import/Export License No/Custom Code: _____

### 3. DETAILS OF INDIVIDUAL SHAREHOLDER/OWNERSHIP

Percentage Holding (%)	Name	Nationality	Passport No.	Address

### 4. DETAILS OF CORPORATE SHAREHOLDERS/OWNERSHIP

Percentage Holding (%)	Name	License No.	Licensing Authority	Country

### 5. DETAILS OF BENEFICIAL OWNERSHIP (at least 25% shares and voting rights of a company)

Percentage Holding (%)	Name	Nationality	Passport No.	Address

### 6. DETAILS OF KEY MANAGERIAL PERSON (List names of Directors/Key Senior Management)

Percentage Holding (%)	Name	Nationality	Passport No.	Designation

## 7. FINANCIAL INFORMATION

	Currency	Last Reporting Period	Last Reporting Period
a. Share Capital			
b. Total Shareholder's Equity			
c. Total Balance Sheet (Net Worth)			
d. Sales			
e. Net Income/Net Profit			

## 8. BANKING DETAILS *(Please provide the banking details of your company. We do not accept or make payments to third parties).*

Bank Name:	
Bank Address:	
Account Name:	Account Number:
IBAN No.	BIC / SWIFT:
Currency of Account:	Years of Relationship with the Bank:

## 9. COMPLIANCE INFORMATION

	YES	NO	N/A
a. Does the company have a person responsible (Compliance Office) for all AML-CFT matters (Due Diligence, AML Policies, Internal Training)? If yes, please provide us with his/her details as below: <b>Name:</b> _____ <b>Contact Number:</b> _____ <b>Email:</b> _____ <b>Address:</b> _____			
b. Does the company delegate to third parties for some of the compliance functions to be carried out? If yes, what functions and to which company do you delegate? _____			
c. Is the company subject to any AML-CFT audit by an independent party or a governmental party? <b>Date of your last AML-CFT compliance audit:</b> _____			

## AML – CFT QUESTIONNAIRE

(Company's Anti-Money Laundering (AML) / Counter Financing of Terrorism (CFT) Measures)

### COUNTRY REGULATION

	COMPLIANCE REQUIREMENTS	YES	NO
1.	Is money laundering and terrorist financing a criminal offence in the country where your company is located?		
2.	Are there any anti-money laundering and combating terrorist financing laws and regulations in place of your country and are these laws applicable to your company?		
3.	Do these laws and regulations require your institution to:		
	3.1. Comply with Financial Action Task Force (FATF) recommendations?		
	3.2. Comply with internationally accepted KYC (Know Your Customer) standards?		
	3.3. Establish effective controls to detect money-laundering, terrorist financing and/or applicable Sanctions' violation?		
	3.4. Report any suspicious transactions to the regulator and/or law enforcement body?		
5.	Name of the AML-CFT Law/Regulations		
6.	Name of the Regulator		
7.	Has your institution established a conformity program that contains AML/CFT policies and procedures, according to internal and internal laws, rules and standards?		
	AML-CFT RISK ASSESSMENT	YES	NO
1.	Did your company carry out and document an internal risk assessment to understand its money laundering and terrorist financing risks?		
2.	Does the risk assessment consider geographic (country) risk?		
3.	Does the risk assessment consider products and services and transactions risk?		
4.	Does the risk assessment consider supply chain risk?		
5.	Does your organization determine the appropriate levels of enhanced due diligence necessary for those categories of customers and transactions that your institution has reasons to believe pose a higher risk of money laundering and terrorist financing?		

	KNOW YOUR CUSTOMER AND CUSTOMER DUE DILIGENCE	YES	NO
1.	Has your organization implemented processes for the identification and verification of your customers and beneficial owners?		
2.	Are your customers identified and verified using reliable and independent information in all cases?		
3.	Does your organization have a process to review and, where appropriate, update customer information for all clients, specifically high-risk customers?		
4.	Does your organization have procedures to establish a record for each new customer noting their respective identification documents and Know Your Customer information?		
5.	Does your organization complete a risk-based assessment to understand the normal and expected transactions of its customers?		
6.	Does the company have a risk-based assessment of its clients (e.g. low, medium, or high risks?)		
7.	Does the company conduct enhanced due diligence for high-risk clients?		
8.	Does your establishment have checks in place to identify if its customers / clients and their Beneficial Owners are Politically Exposed Persons (PEPs)?		
9.	Does your establishment have checks in place to identify if its customers / clients and their Beneficial Owners are close associates of Politically Exposed Persons (PEPs)?		
10.	<p>Does your institution screen customers against list of persons, entities or countries issued by government / international bodies?</p> <p>If YES, mention the list:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> United Nations Sanction (UN)</li> <li><input type="checkbox"/> UAE (Local Terrorist List)</li> <li><input type="checkbox"/> The Office of Foreign Assets Control (OFAC)</li> <li><input type="checkbox"/> Her Majesty's Treasury Department - UK</li> <li><input type="checkbox"/> European Union Sanctions (EU)</li> <li><input type="checkbox"/> Other Local Regulations: _____</li> </ul>		
11.	Does your institution collect information relating to customer's and Beneficial Owner's source of wealth and source of funds?		
12.	Does your organization collect information and assess its customer's AML policies or practices?		

	<b>COMPLIANCE OFFICER</b>	<b>YES</b>	<b>NO</b>
1.	Does the compliance Officer have the necessary power and independence to perform his/her duties?		
2.	Does the compliance officer prepare regular and periodic AML/CFT reports for the board, senior management and supervisory bodies?		
3.	Does the compliance officer review red-flagged transactions and unusual transactions?		
	<b>TRANSACTION MONITORING</b>	<b>YES</b>	<b>NO</b>
1.	Does the company perform a risk-based assessment to understand the normal and expected transactions of its suppliers (in order to identify unusual transactions)?		
2.	Does the company have a monitoring program for unusual and potentially suspicious activity that covers funds transfer and monetary instruments (e.g. traveler's cheques) or third-party payments?		
3.	Does the company have to register all purchases and sales? If yes, to which body they are registered?		
	<b>RECORD KEEPING</b>	<b>YES</b>	<b>NO</b>
1.	Does the establishment keep client and transaction records for at least 5 years?		
2.	Is all Client Due Diligence and business correspondence kept for at least 5 years after the end of a customer/client relationship?		
	<b>TRAINING</b>	<b>YES</b>	<b>NO</b>
1.	Does your establishment conduct regular ongoing AML/CFT training for employees?		
2.	Does your institution retain records of its training sessions including attendance records and relevant training materials used?		
3.	Does your institution have policies to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?		
4.	Does your establishment conduct AML/CFT training immediately or shortly after recruitment?		



## SUPPLY CHAIN QUESTIONNAIRE

1. ORIGIN OF PHYSICAL PRECIOUS METAL	
a. From whom do you source your precious metal products?	<input type="checkbox"/> Precious Metal Trader/Dealer <input type="checkbox"/> Jeweller <input type="checkbox"/> Wholesaler <input type="checkbox"/> Scrap Dealer / Pawn <input type="checkbox"/> Bank <input type="checkbox"/> Mint <input type="checkbox"/> Coins Dealer <input type="checkbox"/> Industrial <input type="checkbox"/> Other Financial Intermediary <input type="checkbox"/> Refinery <input type="checkbox"/> Others (please specify): _____
b. Do the precious metals supply by you originate from/transit to a conflict affected and human right abuse high risk areas (CAHRA) as defines on the EU CAHRA list?	
c. 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 the OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas? <a href="http://www.oecd.org/daf/inv/mne/GuidanceEdition2.pdf">http://www.oecd.org/daf/inv/mne/GuidanceEdition2.pdf</a>	<input type="checkbox"/> Yes - please provide a copy  <input type="checkbox"/> No
d. 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?	<input type="checkbox"/> Currently Complies <input type="checkbox"/> Plans to comply <input type="checkbox"/> No
e. Is the company complying with any of the following industries initiatives?	<input type="checkbox"/> LBMA Responsible Gold or Silver Guidance <input type="checkbox"/> RJC Chain of Custody Standard <input type="checkbox"/> WGC Conflict Free Gold Standard <input type="checkbox"/> Conflict Free Smelter (CFS) Program <input type="checkbox"/> Others, please specify: _____  Additional Comment: _____ _____

2. FACILITIES	YES	NO	N/A
a. Does the Company have refining facilities? Location (if different from Registered Address): _____			
b. Does the Company have smelting facilities? Location (if different from Registered Address): _____			
c. Does the company produce its own jewellery?			
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 GD Bullion <input type="checkbox"/> Non LBMA Good Delivery Bullion (Au =>995 / A=>9999) <input type="checkbox"/> Rudimentary Bars <input type="checkbox"/> Jewellery <input type="checkbox"/> Broken jewellery <input type="checkbox"/> Coins <input type="checkbox"/> Collected Waste <input type="checkbox"/> Others, please specify: _____  <input type="checkbox"/> <b>Primary material – mined precious metals</b> ( _____ %)			
e. What are the types, forms and percentage of precious metals sourced by the Company?  <input type="checkbox"/> Unprocessed recycled precious metals <input type="checkbox"/> LBMA GD Bullion <input type="checkbox"/> Non LBMA Good Delivery Bullion (Au =>995 / A=>9999) <input type="checkbox"/> Coins <input type="checkbox"/> Jewellery <input type="checkbox"/> Broken jewellery <input type="checkbox"/> Own production waste <input type="checkbox"/> Collected Waste <input type="checkbox"/> Others, please specify: _____  <input type="checkbox"/> Melted recycled precious metals <input type="checkbox"/> Rudimentary Bars (undefined dimension and fineness)           Others, please specify: _____			
f. If you source Non-Good Delivery Bullion / Bars (Au=>995 / Ag=>9999): <ul style="list-style-type: none"> <li>• Do you identify the refinery?</li> <li>• Do you assess if the refinery has any red flags in its supply chain?</li> <li>• If the refinery has red flags in its supply chain, do you request refinery to be audited for its compliance with the OECD Due Diligence Guidance on Responsible Supply Chains from Conflict and High-Risk Areas? If <b>YES</b>, please provide a copy of the Audit Report.</li> </ul>			
3. BRIBERY POLICY	YES	NO	N/A
a. Does your company have any bribery policy in place? If <b>YES</b> , please provide a copy.			
b. Has the company or the Senior Management ever been charged anywhere in the world for violation of applicable anti-bribery laws or regulation? If <b>YES</b> , please provide a copy.			
4. BRIBERY POLICY	YES	NO	N/A
Does your company have Data Protection Policy? What is the retention period of saving the records? If <b>YES</b> , please provide a copy.			

### 3. DUE DILIGENCE QUESTIONNAIRE – PRECIOUS METAL SUPPLIERS

ORGANIZATION	YES	NO	N/A
a. Does the company have a risk-based assessment of its precious metal suppliers and customers? (e.g. Low, Medium, High)			
b. Does the company screen precious metals suppliers and customers and transactions against lists of persons, entities or countries issued by government/competent authorities?  Provide the name of the screening tool: _____			
c. Does the company perform enhanced due diligence for high-risk precious metals suppliers			
d. Does the company assess its corporate precious metals suppliers' AML-CFT and purchase procedures and practices?			
e. Does the company have a procedure in place to prevent, detect and report suspicious transactions from its suppliers to the relevant authority?			
f. Does the company have a documented program for unusual and potentially suspicious activity or indicators that covers funds transfers and monetary instruments (e.g traveller's cheques) or third-party payments or any other red flag indicator?			
g. Where cash transaction reporting is mandatory, does the company have procedures to identify transactions structured to avoid such obligations?			
h. Does the company have a maximum amount as per internal policy or regulatory framework? <ul style="list-style-type: none"> <li>• Amount allowed for cash payment? If yes, how much? _____</li> <li>• Amount per deal per supplier in USD? If yes, how much? _____</li> </ul>			

i. What type of information does the company request from its precious metals' suppliers?

COMPANIES	YES	NO	INDIVIDUALS	YES	NO
Company Name			First Name and Surname		
Address			Address		
Date of Incorporation			Date of Birth		
Country of Incorporation			Nationality		
Business Register extract or equivalent document			Copy of ID card or Passport		
Beneficial Owners			Beneficial Owners		
Origin of Precious Metals			Origin of Precious Metals		
Description of Main Activity and financial information			Supplier Profile (Activity, Wealth, etc.)		

j. From which of the following suppliers does the company purchases its precious metals and what is the average amount of purchase by deal?

Supplier Type	Purchase Percentage	Average amount in USD per deal
Bank		
Corporate		
Individual		

k. What usual payment method does the company use to pay its precious metals suppliers?

Payment Type	Percentage (%)
Bank Transfer	
Cheque	
Cash	

18. TRANSACTION MONITORING ON PURCHASE FROM INDIVIDUALS ONLY - TO BE FILLED ONLY BY COMPANY PURCHASING PRECIOUS METALS FROM INDIVIDUALS	YES	NO	N/A
a. Does the Company perform statistics on precious metals sold by a person in order to identify unusual transactions?			
b. Does the Company have a specific procedure if a deal with an individual is significantly higher than the average deal? If yes, please describe:			
c. Is the Company able to verify that a person does not come several times in the counter/in different counters to sell each time a small amount but of a global material amount (smurfing)? If yes, how?			

13. DUE DILIGENCE OF DIRECTORS, PARTNERS, MANAGING BOARD AND COMPANY		
Has your business or has any of it's Directors, Partners, Board Members been:	YES	NO
a. Currently under any legal proceeding or pending judgment in the court of law?		
b. Convicted of or charged with a criminal offence anytime?		
c. Found liable for negligence, fraud, wrongful trading or malpractice?		
d. Subject to any application for, or declaration of liquidation, bankruptcy, or similar proceedings or subject to an administrative order?		
e. Refused Licensed or authorization to conduct business has been suspended, withdrawn, or not renewed?		
f. Censured, fined, disciplined, suspended or refused membership by any regulatory body?		
g. Political Exposed Person or Government Affiliation Declaration - Are you associated with PEP or Government Entity or Agency?		

## DECLARATION

I am authorized to confirm and hereby declare that the information provided above are true and correct to the best of my knowledge and belief and agree to share the required information with all my suppliers and customers solely for the purpose of complying with AML Policy and KYC purpose.

Any amendments to the information provided on this form, such as a change in Beneficial Owner, new bank details, notification address, will be communicated to all my suppliers and customers promptly.

All my customers and suppliers will not be responsible for any consequences caused due to incorrect, incomplete, inaccurate, or obsolete information provided.

	AUTHORIZED SIGNATORY	AUTHORIZED SIGNATORY
Signature:		
Print Name:		
Title:		
Company Name & Stamp		
Date:		

### Documents Required:

1. Business Registration / Trade License (all pages) for local companies.
2. TRN/VAT Certificate
3. Memorandum of Association / Articles of Association / Share Certificate
4. Visa, Emirates ID and Passport Copies of Shareholders / Owners
5. Visa, Emirates ID and Passport Copies of Ultimate Beneficial Owners
6. Visa, Emirates ID and Passport Copies of Authorized Signatory
7. Visa, Emirates ID and Passport Copies of Authorized Person
8. PEP Declaration
9. Source of Funds Declaration
10. Undertaking Letter with regards to Targeted Financial Sanctions Dealings
11. AML Policy and Procedures (Updated)