

| ACCOUNT OPENING REQUIREMENTS | | |
|---|--|--|
| | · Trade License / Commerce Registry (if relevant in country of incorporation | |
| | · Certificate of Association (notarized/apostilled) | |
| | · Memorandum and Articles of Association (notarized/apostilled) | |
| A. PROOF OF LEGAL EXISTENCE OF | · Certificate of Good Standing / Incumbency (notarized/apostilled) | |
| APPLICANT COMPANY | · Shareholders Register | |
| | · Tax Registration Certificate, if applicable | |
| | · First class bank reference whereby the Applicant has been known to the issuing bank for at least two (2) years. | |
| D DDOOF OF ADDITION DUVELCAL | · Original Latest Utility Bill; or | |
| B. PROOF OF APPLICANT PHYSICAL ADDRESS IN COUNTRY OF ORIGIN AND PHYSICAL ADDRESS WITHIN THE UAE | · Copy of Lease / Purchase Agreement; or | |
| (WHEN APPLICABLE) | · Original Statement from a financial institution | |
| | · Office telephone number | |
| C. CONTACT INFORMATION OF | · Office fax number | |
| APPLICANTS | · Office email address | |
| | · Website address | |
| | · Latest Audited Financial Statement (last two years) | |
| D. VALID LICENSE, CERTIFICATIONS, REPORTS, POLICY AND PROCEDURES | · Counterparty's AML-CFT Policy | |
| | · Counterparty's Responsible Gold Supply Chain Policy | |
| | · Copy of passport and copy of visa, if applicable | |
| E INDIVIDUAL OD DENEELGIAL OWNED | · Original latest utility bill | |
| E. INDIVIDUAL OR BENEFICIAL OWNER OR SHAREHOLDERS' OR AUTHORIZED REPRESENTATIVE IDENTIFICATION | · Copy of Lease/Purchase Agreement | |
| REALISEMENT DENTIFICATION | · Declaration by the authorized signatories that the beneficial owners are the sole beneficial owners of the Applicant Company | |

IMPORTANT INFORMATION

- · For the initial assessment, please email scanned copies of the necessary documents to admin@massiftrading.com. The applicant may be required to submit notarized copies or present the original for verification by Massif Trading.
 - All documents must be submitted in English Language and must be translated by a certified translator.
- · In addition to those listed above, Massif Trading reserves the right to seek any supporting documents deemed required during the account opening procedure.
- \cdot Please contact our Compliance Department at +971 50 421 1937 if you have any queries regarding the documents, supply chain due diligence policy, or its implementation.



ACCOUNT APPLICATION FORM

| Account Type | | | |
|--|--------------|---|------------|
| (Please tick) | Corporate | Sole Proprietorship | Individual |
| Type of Activity, Volume, and Purpose | | | |
| Company Informat | ion | | |
| Company | | Phone No. | |
| Trade License / Business Registration No. | | Fax No. | |
| Issuing Authority | | Mobile No. | |
| Country / Place of Incorporation | | Email Address | |
| Date of Incorporation | | Website | |
| Legal Form (i.e., LLC, DMCC, LTD, etc.) | | Registered Address | |
| Tax Identification No. | | (Please provide complete information to physically locate your office. Office No. Building No. Street, City, P.O. Box, ZIP Code, Country) | |
| Company Size | | Business Address | |
| Source of Funds / precious Metals | | (Please provide complete information to physically locate your office. Office No. Building No. Street, City, P.O. Box, ZIP Code, Country) | |
| Financial Informati | ion | | |
| BANK NAME: | | | |
| BANK ADDRESS: | | | |
| YEAR(S) OF RELATION W | ITH THE BANK | | |
| BENEFICIARY NAME: | | | |
| ACCOUNT NO.: | | | |
| IBAN NO.: | | | |
| SWIFT CODE: | | | |
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| (Initi | (al Here) | | |



BENEFICIAL OWNER/S

(Holds 10% or more of the share capital. Please print another page if necessary)

| NAME | ADDRESS | NATIONALITY / PASSPORT DETAILS (Issuer, Number, Expiry) | POLITICALLY EXPOSED PERSON (YES / NO) | PERCENTAGE HOLDING |
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SHAREHOLDER/S

(If Company – provide details of beneficial owners of a shareholder company using the beneficial owner form.)

| NAME | ADDRESS | COUNTRY AND DATE OF INCORPORATION / NATIONALITY | POLITICALLY EXPOSED PERSON (YES / NO) | PERCENTAGE HOLDING |
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MANAGEMENT STRUCTURE

| NAME | POSITION / DESIGNATION | PASSPORT DETAILS (Issuer, Number, Expiry) | POLITICALLY EXPOSED PERSON (YES / NO) | NATIONALITY |
|------|---------------------------|--|---|-------------|
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AUTHORIZED SIGNATORY

(Initial Here)

| | (If other than the owner, please provide supporting documents) | |
|----|--|-----------|
| | Authorized Signatory 1 Name | Signature |
| À. | Authorized Signatory 2 Name | Signature |
| | Authorized Signatory 3 Name | Signature |
| | Authorized Signatory 4 Name | Signature |
| | Authorized Signatory 5 Name | Signature |
| | | |



| SUPPLY CHAIN QUESTIONNAIRE (Precious Metals: Dealers, Smelters, Transporters and others only) | | | | |
|---|--|--|--|--|
| 1. Does your company engage in trading, dealing, transporting, shipping, smelting and other activities relating to precious metals? | | | | |
| 2. If yes, kindly describe the company's | s operations. | | | |
| 3. Profile of your precious metals support Artisanal Miner, Small Scale Miner, Gold/Prindicate approx. percentage of volume per supplements. | recious Metals Exporter) – Please | | | |
| 4. What are the country(ies) of origin of | f the metals delivered to us? | | | |
| 5. What are the country(ies) / destination (purchased or delivered to us)? | ons of precious metals after refining | | | |
| 6. Is your company required to obtain a precious metals? If yes, kindly attached a copy. | license to deal with, import or export | | | |
| 7. Does your company established and implemented a Responsible Gold Supply Chain Policy to ensure that gold suppliers' sources are legal and appropriately used? If yes, kindly attached a copy of the policy. | | | | |
| 8. Does your company conduct proper due diligence on the origin of the metals you receive from customers and inspect the authenticity and credibility of the source of precious metals disclosed by the downstream supplier? | | | | |
| 9. When contracting with new suppliers the identity of the mines, locations of gold protransportation, to ensure its compliance with the | | | | |
| 10. Does your company ensure that the mine sites of which gold is extracted from has (i) proper legal control of the mine site, transportation routes and dealers; (ii) does not extort or tax money or minerals from the mine and the transportation routes? | | | | |
| 11. What payment method (purchases and sales) does your company use? Please provide the percentage of each payment. | | | | |
| 12. What type of information does your company requests from your precious metals suppliers? | | | | |
| 13. Trade References or Company(ies) you worked with (Minimum of 3) | | | | |
| NAME COUNTRY OF INCORPORATION | | | | |
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ANTI-MONEY LAUNDERING AND COUNTER TERRORISM FINANCING OUESTIONNAIRE **Client's AML and CFT Procedures** Does your company established written policies and procedures designed to combat Money Laundering and the Financing of Terrorism and are these policies and procedures applicable to all your branches, subsidiaries and operations? If YES, kindly provide us with the latest copy of your Anti-Money Laundering (AML) and Combatting Financing of Terrorism (CFT) policy and procedures. If NO, please provide your reasons/comments. Does all your relevant staff regularly train on your own AML and CFT policies and procedures and on the requirement of local laws and regulations? If YES, how often are your employees subjugated to training covering AML and CFT? Does your company retain records of the training provided to employees? Does your company fill out and maintain records on KYC forms and documents for natural and juridical persons / customers? Does your procedure require retention of relevant records and if yes, for how long are these documents retained? What are your company's policies and procedures regarding determining the economic beneficial owner of an account and /or transaction? Has your company adopted a "risk-based approach" per FATF, OECD, DMCCA requirements in assessing customer, product or service, and jurisdiction or geographical risks? If YES, kindly elaborate the framework adopted by your company. Does your company cross check the names of prospective clients and suppliers against a database of sanctioned persons / entities as notified by competent authorities? If YES, kindly provide the name of the database used. In case of a suspicious transaction, what are your company's policies to address and report such instances? 10. Does your company have a policy of protecting your employees if they report, in good faith, any suspicious activity? 11. Does your company have a policy and procedures for independent audit or testing of your AML and CFT compliance? 12. Does your company have a compliance officer and/or compliance function responsible for coordinating / monitoring compliance? If YES, please give the name and contact details of your Compliance Officer in your institution. FULL NAME: DESIGNATION: EMAIL ADDRESS:

(Initial Here)

PHONE NO.:

MOBILE NO.:



| ANTI-MUNEY LAUNDERING AND COUNTER TERRURISM FIN Client's Operations | ANCING QUESTIONNAIRE | | |
|--|----------------------|--|--|
| Does your company conduct operations in countries deemed non-compliant with FATF? If yes, kindly elaborate on the nature of the transactions/relationship. | | | |
| 2. In the past 5 years, has your company been the subject of an investigation or assessment by a regulatory body addressing AML, CFT and compliance with local or international regulations? If YES , would you kindly provide us with a summary of the report raised? | | | |
| 3. In the past 5 years, has your company shareholders or managers been subject to an investigation by a regulatory body addressing AML, CFT and compliance with local or international regulations? If YES , kindly elaborate on the instance of noncompliance. | | | |
| 4. Is your company listed under any Stock Exchange? If YES , kindly provide us with the details. | | | |
| 5. Do any of the shareholders holding any percentage of shares hold citizenships in any countries deemed by FATF as high risk or non-compliant territories? | | | |
| 6. Does any of your company Executives/Managers hold citizenships in any countries deemed by FATF as high risk or noncompliance territories? | | | |
| COMPLIANCE UNDERTAKING | | | |
| I/We hereby acknowledge that we have received a copy of the Massif Trading LLC Supply Chain Policy and that we will thoroughly review it and adhere to its terms. | | | |
| I/We confirm that we have read and understand the OECD Due Diligence Guidance for Responsible Supply Chain of Minerals from Conflict-Affected and High-Risk Areas, the LBMA Responsible Gold Guidance, the DMCC Practical Guidance, and the Massif Trading Compliance Manual, and that we will abide by its provisions. | | | |
| I/We acknowledge that, as part of Massif Trading's requirement to open an account, I/We must declare the source of funds that I/We will be utilizing for the purpose stated under this application. I/We also understand the requirements of the Resolution and the Federal Laws on Anti-Money Laundering and Combating Terrorism, and I/We hereby guarantee that our precious metals/funding sources are free of conflict financing, criminal funding, child labour, and human rights violations. | | | |
| I/We hereby certify that the foregoing information is accurate and truthful, that I/we are duly authorized to engage in this account opening agreement, and that the supporting documents submitted hereto are genuine and valid. | | | |
| I/We hereby authorize Massif Trading LLC to obtain pertinent information from clients, banks and any other sources necessary for the objective evaluation for this application. | | | |
| Company Name: | STAMP AND | | |
| Name of Authorized Signatory: | SIGNATURE | | |
| Title / Designation: | | | |
| Place and Date: | | | |