

DIJLLAH JEWELLERY FZCO

Account Opening Form - CORPORATE

ACCOUNT NUMBER:	
ACCOUNT NAME:	



Checklist:

- Copy of Trade License
- Copy of Signature Circular
- Copy of Certificate of Incorporation
- Copy of Articles of Association
- Copy of Memorandum of Association
- Address Proof Office (copy of Tenancy Contract / Utility bill)
- Proof of residence – partners/owner
- Copy of Passport and Visa page
- Copy of Audited Financial statements for the previous year

DIJLLAH JEWELLERY FZCO

P.O Box 95442, The Gold Centre, Off no. Mo24, Mezzanine Floor, Deira, Dubai – UAE
Tel: +971-4-2262115, Dealing: +971-4-2767525 E-mail ID: info@dijllahgold.com, www.dijllahgold.com

KNOW YOUR CUSTOMER (KYC) – Corporate / Company

Company Name:

For Parent Company

1. Registered Name of the company

2. Operating name of the company
(if different from Registered name)

3. Date of Incorporation (DD/MM/YYYY):

4. Registration/License Number &
Expiry date (DD/MM/YYYY)

5. Is company Regulated by Govt./Authority:

 Yes No

If Yes, specify name of Authority

Regulatory / Authority website:

6. Registered Company Address:

Door / Floor No /Building Name:
Street / Road Name / Region/ Area:
Province / State,
PO Box/ ZIP

Country:

Telephone:

Fax:

Website:

E-Mail ID's:

Name of Logistic Company (if any):

7. Type of License

 Service Trading Manufacturing Others (specify)

If others, specify license activities

Specify Product & Services

Specify country where you operate

8. Type of company:

 Public Private Government Others(specify)

If others, please specify:

If public listed, please specify the exchanges shared are listed:

For Govt. companies specify:

9. Please provide 5% & more holding Shareholder details**:

Name (as per passport / Legal document)

Date of Birth /
Incorporation% of
HoldingPassport /
License No.Nationality / Country
of Established

10. If any shareholder is /are Politically Exposed Person?

 Yes No

Please specify Name:

Position Held and Period:

11. Has your entity ever been subject to any disciplinary action (including those against shareholder, director, employees) for regulatory non-compliance/international sanctions beach/law violation/criminal proceedings by a government body or agency or any self-regulatory organization or other professional body?

 Yes No

If yes, please specify the details:

12. Declaration: We hereby confirm that the information supplied is true & accurate. We acknowledge that any misrepresentation may result in appropriate legal action, including prosecution.

Name & Designation (Company Stamp)

Date:

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Registered Bank Account Details (if any, Intermediary bank details are must for all International Transfers)

- 1. Beneficiary Account Name:
- 2. Beneficiary Account Number:
- 3. Branch & Address:
- 4. SWIFT Code:
- 5. Intermediary Bank Details (if any)
 - a. Bank Name
 - b. Account Number
 - c. Bank Address
 - d. SWIFT Code

DECLARATION

Customer/Beneficiary Owner hereby declares and covenants that it is the beneficial owner of good to be delivered to DIJLLAH JEWELLERY FZCO or, if it is not, then that beneficial owner of such goods is _____ (name/tradename, address, country/nationality), that its funds held in banks and its companies do not directly or indirectly fall within the scope of the sanctions imposed by the Security Council of the United Nations and have not violated and do not violate any sanction of the security council of the United Nation and the money laundering laws of any jurisdiction in the World and that such funds are not related in any way with the sanctions imposed by the resolutions of the Security Council of the United Nations, that it has acquired such goods from persons who have produced evidence that they are the legitimate owners of the goods; that it has taken all necessary measures to prevent its acquisition and trade of goods obtained thought or related to criminal activities, or that fund, promote or cover up criminal activities; and that it has not financed conflict, have not participated in abuse of human rights or money laundering, nor financed terrorism at any point in the supply chain or have directly/indirectly supported non-state armed groups or public or private security forces; that it has received such goods in compliance with the relevant legislation of their country of origin; and that it does not fraudulently misrepresent the origin of gold; that it does not use child labor to carry out any work or service; that it complies with applicable environmental regulation and fulfils all legal provisions regarding protection of environment and sustainable development; that it does not offer, promise or give any undue advantage, and/or bribe whether directly or through intermediaries, to a foreign public official or a private sector employee in order to obtain business or any other advantage; and that in case of a corporate entity customer/beneficial owner, that it complies with OECD'S due diligence and for responsible supply chains of minerals from conflict affected and high risk areas and gold supplement guidance, LBMA responsible gold guidance; have not participated in systematic or wise spread human right abuses with extraction transport or trade of gold direct or indirect support to non-state, armed groups or public or private security forces, bribery and fraudulent misrepresentation of the origin of gold, contribution to conflict, the customer/beneficial owner makes this present declaration on behalf of its shareholders, members of the board, its employees and representatives, and that it undertakes to carry out all of the activities within the scope of this declaration in such a way that its providers, its consultants, customers and other associates, abide by these principles, and that it shall advise DIJLLAH JEWELLERY FZCO of any change to this declaration. You will be required to validate, and provide all the information mentioned in our Questionnaire forms, whether the said party is the main source of Metal or the subcontractor. You will remain responsible and accountable for certification and external audit of supplied precious metals to Dijllah Precious Metals. If any of the foregoing is discovered to be false, customer/beneficiary owner agrees and covenants to indemnify DIJLLAH JEWELLERY FZCO for any direct and indirect loss and damage incurred by it as a result of the same, upon the first written demand of DIJLLAH JEWELLERY FZCO and that all liability arising there from shall be solely assumed by it.

Customer/Beneficiary Owner Signature

Name:

KNOW YOUR CLIENT FORM – Natural Person (Individual)

(*KYC Client form to be filled separately for each Shareholders / Partners / Authorized Representative)

SECTION A: PERSONAL DETAILS		Company Account No:	
Full Name (First or Given names as shown in passport)			
Date of birth:		Gender:	
Passport number:		Nationality (as passport)	
Passport Issue date:		Passport Expiry	
Your current office or work (Physical) address: Door / Floor No /Building Name: Street / Road Name: Region/ Area , Province / State, PO Box/ ZIP			
Country:		Telephone:	Fax:
Email:		Website:	Mobile:
Current residential (Physical) address: Door / Floor No /Building Name: Street / Road Name: Region/ Area, Province / State, PO Box/ ZIP			
Country:		Telephone:	Fax:
Email:		Website:	Mobile:
What is your preferred means of communication in relation to this KYC Form?		Telephone/Email	
Are you Politically Exposed Person (PEP1)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, particulars of the same.			
Whether any prosecution / detention/ fine/ conviction/ sentence against you has been awarded by any court of law for any offence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, particulars of the same:			
How are you associated with shareholder(s) - if more than one shareholder? :			
Name of shareholder	Relationship (Employer/Colleague/ Relative / Friends)	No of year known	
<input type="checkbox"/> I hereby warrant that the information supplied by me is true and accurate and acknowledge that any misrepresentation by me may result in my prosecution.			
Authorized Signatory:		Name: Date:	

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DECLARATION - Ultimate Beneficial Owner

This form must be filled by one of the Shareholders or Directors of the supplier company

POLICY

The UAE federal regulations require institutions to capture and identify the details of the ultimate individual beneficial Owners of the account opening company. An Ultimate Beneficial Owner is normally an individual who ultimately owns or controls 5% or more of the company or group of companies, or on whose behalf a transaction or activity is being conducted.

Company Name: _____

Details of Beneficial Owners (UBO's) – Corporate Entities (*) ()**

I/We declare the above company is ultimately owned by the following listed Entity/s (if any):

Company Name	Address of Registered Office	% of Shares in Company

*If the company is state owned or publicly listed, mention the government authority or the Exchange on which the shares are traded. | ** For a trust company, details of the beneficiary/owner owning 5% and above is required.

Details of Ultimate Beneficial Owners (UBO's) – Individuals

I/We declare the above company is ultimately owned by the following listed Individual/s (if any):

1st Individual

Name (as in Passport)	Holding Company	
Passport number	% of Shares in Company	
Date of Birth	Nationality	
Residential Address:	Country of origin / Birth	

2nd Individual

Name (as in Passport)	Holding Company	
Passport number	% of Shares in Company	
Date of Birth	Nationality	
Residential Address:	Country of origin / Birth	

3rd Individual

Name (as in Passport)	Holding Company	
Passport number	% of Shares in Company	
Date of Birth	Nationality	
Residential Address:	Country of origin / Birth	

Please copy & replicate the above table for multiple UBO's

I/We hereby declare(s) that today, no other single individual shareholder/partner holds 5% or more of the company's or group of companies' equity. Required Supporting Documents (for offshore jurisdictions) Please attach supporting documents to confirm the above information: Share Certificates/Registry/Extract/MOA/Articles of association.

I/We hereby declare that the information provided in this form is true and accurate and if such information changes, I/We will promptly notify Dijllah's compliance department in writing. I/We acknowledge that if any information provided by me/us is subsequently found to be untrue, inaccurate or misleading the company shall terminate my business account held with them. I/We hereby authorize Dijllah Gold to make any enquiries from any person or entity, it may deem necessary in connection with this declaration. I/We understand that Dijllah Gold may decline my application without being required to provide any reason.

Authorized Signatory: _____ **Name:** _____

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COMPLIANCE QUESTIONNAIRE

1. Has your institution established written policies and procedures designed to combat "Money Laundering" (ML) and the "Financing of Terrorism" (FT) and are these policies and procedures applicable to all your branches, subsidiaries and operations? YES () NO () If "Yes", kindly provide us with a copy of your "Anti Money Laundering / Combating Financing of Terrorism" (AML/CFT) policy and procedures. If "No", please provide your comments: _____
2. Please tick where applicable to confirm that your AML/CFT policy and procedures include the following:
 - Client identification and verification - YES () NO ()
 - Not dealing (engaging into transactions/or entering into contracts) with anonymous clients - YES () NO ()
 - Identifying clients' source of funds - YES () NO ()
 - Monitoring transactions so that unusual activity can be detected, alerted, reported internally YES () NO ()
 Comments on your response: _____
3. Does your institution maintain records on client identification, client's files and correspondence and cooperate with local authorities so as to permit investigation of suspicious activities as well provide, if necessary, evidence for prosecution of criminal behavior? - YES () NO ()
4. Do your procedures require retention of relevant records, and if yes for how long?
YES () NO () for period of _____
5. Is all your relevant staff regularly trained on your own AML/CFT policies and procedures and on the requirements of local laws and regulations? YES () NO ()
6. Is there an established method at your institution for reporting suspicious activities and transactions to the appropriate authorities? YES () NO ()
7. Does your institution have a policy of protecting your employees if they report, in good faith, any suspicious activity? YES () NO () (If "Yes", please provide a copy of the policy)
8. Do you screen your clients and suppliers against sanctioned names as per International Sanction applicable regime or as notified by the competent authorities? Yes () NO ()
9. Do you have a policy and procedures for independent audit or testing of your AML/CFT framework via internal audit or any other mechanism? YES () NO () (If "Yes", please provide a copy of the policy)
10. Do you have a compliance officer/compliance function responsible for coordinating/ monitoring compliance? YES () NO () If yes, please give the name and contact details of your compliance officer in your institution.
 Full Name*: _____ Mailing Address*: _____
 Phone* & Fax Number: _____ E-mail*: _____
11. Have you carefully reviewed DMCC AML/CFT policy & procedures which are available & will be updated from time to time on the DMCC corporate website as: (a) Guidance for risk based compliance for DNFBPS; (b) Anti-Money Laundering and Combating of Financing of Terrorism Policy and are you willing to abide by its provisions? YES () NO ()

Do you have any further comments or feedback that you would like to share with us regarding your compliance and due diligence process: _____

Company Name: _____ Date: _____

Name of Signatory: _____ Title: _____

Signature: _____

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