



ACCOUNT OPENING FORM

CLIENT/SUPPLIER NAME	
REGISTRATION NUMBER	

Initials

Company Name	
Registered Address	Post-Box No. E-mail:
Telephone Number	
Years in Business	
Country of Incorporation	
Date of Incorporation	
Commercial Registration/License No	
Legal Status of the Customer	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Establishment <input type="checkbox"/> LLC <input type="checkbox"/> Public Limited Co <input type="checkbox"/> DMCC <input type="checkbox"/> FZE Other, Please Specify
Business Type	
Corporate Website	
Contact Person	
Mobile Number	
Commercial License issuing Authority	
Commercial License No	
License Issue Date	
License Expiry Date	
Company VAT TRN	
Bourse Membership & Industry Association Details	

Initials

Client Management Details	
List of Directors with Nationalities	
List of Shareholders with Nationalities	
<p>If the Shareholder(s) is/are a Company(s), then please list the individual shareholders of the company(s)</p> <p>(Please provide the ownership structure including % of ownership/control)</p>	
List of Authorized Signatories	
Source of wealth	<input type="checkbox"/> Business Proceeds <input type="checkbox"/> Funds from shareholders <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance <input type="checkbox"/> Others (please specify)

Bank Details:

Bank Name	
Account Number	
Account Name	
IBAN Number	
Swift Code	

Initials

Note: All the documents are mandatory

Documents to verify identity & address of the Company

1. A copy of a valid commercial licens
2. Articles of association (AOA)
3. Memorandum
4. Proof of address (utility bill or tenancy contract)
5. Tax registration certificate (VAT)
6. Ownership structure

Documents to verify the identity of the Individuals.

1. Passport copies of authorized signatories, shareholders, directors and beneficial owners

Please answer **ALL** questions below.

*Organization includes the firm, its shareholders, directors, officers, or senior employees.

1. We confirm that our organization, has not received communication from law enforcement or regulatory authorities concerning non-compliance with the laws and regulations of the UAE or any other International regulator.

Yes No

2. We confirm that our organization, has complied with all UAE Federal laws or regulations relating to AML/CFT and are not aware of any violations or possible violations of these laws and regulations which may have any regulatory implications.

Yes No

3. We confirm that our organization's shareholders, directors, officers, or senior employees are not senior officials in government, political organizations, or government-owned organizations, or relatives or close associates of any such officials?

Yes No

4. We confirm that our organization is not a party to any litigation that is in progress?

Yes No

5. We confirm that our organization has not been subject to any disciplinary action by a court, professional body, or regulatory agency?

Yes No

6. If the answer to any of the above-mentioned questions is 'No' give full particulars of the relevant matter. (Attach additional sheet, if required)

Compliance Contact Details

Compliance Officer Name	
Contact Number	
Contact Email	

Note: This account opening booklet is a basic/initial requirement, our team compliance will initiate necessary documentations like Client KYC, AML Questionnaire, and EDD in periodic

Declaration

- a I/we have the consent from the relevant Data Subject(s) for the Processing of Personal Data by Memories Golden Jewellery LLC in connection with or incidental to the professional services;
- b Memories Golden Jewellery LLC is not responsible or accountable for any instances where the Data Subject's consent has not been obtained by me/us.
- c I/we confirm that I am an authorized signatory/representative of the stated company and that all the information declared, and documents provided herein are true and accurate.
- d I/We authorizing to Compliance team of Memories Golden Jewellery LLC to coordinate with our dedicated/compliance individual to complete KCY Onboarding and its periodic due diligence process in line with your policy and procedure and Any changes in the provided information in the future will inform Memories Golden Jewellery LLC compliance team in advance.

We acknowledge and understand that the Firm shall undertake client due diligence to its satisfaction in compliance with the regulatory requirements. Further, I/we acknowledge that based on the outcome of the client due diligence, the Firm at its sole discretion reserves the right not to proceed with the client onboarding without any liabilities whatsoever.

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I/We understand the requirements of the Resolution and the Federal Law No. (20) of 2018 (On Anti Money Laundering and Combating the Financing of Terrorism) and the AML/CFT Guidelines for Designated Non-Financial Businesses and Professions (“DNFBPs”) (“Guidelines”) dated 1st April 2019 and do hereby undertake that the source of funds/metals are acquired from legitimate sources. I/We do hereby undertake that the funds/metals do not originate from any sanctioned country/entity/person/s from the United Nations and UAE sanction list.

Signature & Stamp: _____

Name:

Designation:

Company Name:

Date: