

ACCOUNT SET-UP FORM



COMPANY INFORMATION

FULL LEGAL BUSINESS NAME	DBA (TRADE NAME)			
COMPANY PHYSICAL STREET ADDRESS	CITY	STATE	ZIP	COUNTRY
PREFERRED MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	COUNTRY
COMPANY PHONE NUMBER	COMPANY WEBSITE			
WHAT INDUSTRY BEST DESCRIBES YOUR COMPANY				

COMPANY REGISTRATION

FEDERAL TAX ID # (EIN)	DATE OF CORPORATE REGISTRATION	STATE OF INCORPORATION	COUNTRY OF INCORPORATION	
PARENT COMPANY NAME (IF APPLICABLE)	CITY	STATE	ZIP	COUNTRY

PRIMARY CONTACT INFORMATION

FULL NAME	TITLE	WORK / CELL PHONE #	EMAIL ADDRESS
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BENEFICIAL OWNERSHIP

Complete the names and addresses of Principals/Owners with >10% control of company.

FULL NAME / TITLE	OWNERSHIP %	EMAIL ADDRESS	RESIDENTIAL ADDRESS
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A government issued ID such as a driver's license or passport must be provided for everyone listed above.

AUTHORIZED SIGNERS

Complete the names and addresses of Officers authorized to sign on behalf of company.

FULL NAME	TITLE	EMAIL ADDRESS
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NOBLE METAL SERVICES

10 Ross Simons Drive, Cranston, RI 02920 Tel: 401-808-6630

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BANK INFORMATION

BANK NAME _____ BANK ADDRESS _____

ACCOUNT HOLDER NAME (AS KNOWN BY THE BANK) _____ ROUTING # _____ ACCOUNT # _____

ACCOUNT HOLDER STREET ADDRESS (NO PO BOXES) _____ CITY _____ STATE _____ ZIP _____

ANTI-MONEY LAUNDERING (AML) INFORMATION

Does your organization have an Anti-Money Laundering Program? Yes No

If your company does not have an AML program, please explain:

Complete information for the AML Officer.

FULL NAME / TITLE _____ WORK / CELL PHONE # _____ EMAIL ADDRESS _____

Does your organization import/export precious metals from outside the USA? Yes No

If yes, please list the country and details of the transaction(s).

CONFLICT FREE MINERALS AND RESPONSIBLE SOURCING INFORMATION

Noble Metal Services maintains strict policies regarding responsible sourcing, conflict free minerals, and human rights. By signing this document, the company requesting services hereby declares the following:

- It has a due diligence process in place to ensure that the origin of the goods and/or funds are legal.
- It has acquired such goods and/or funds from persons identified as the legitimate owners and in compliance with applicable legal provisions.
- It does not use child labor as defined in Convention 182 of the International Labor Organization or forced/compulsory labor to conduct any work service.

SIGNATURE

I hereby declare that the information provided above is true and accurate and I am an authorized agent of the company represented in this document.

COMPANY NAME _____ AGENT'S NAME / TITLE (PRINT) _____

AGENT SIGNATURE _____ DATE COMPLETED _____

PLEASE PROVIDE THE FOLLOWING TWO ITEMS WHEN SUBMITTING THIS FORM

- A Government issued ID such as a driver's license or passport (must be provided for everyone listed)
- A copy of your Form W-9

EMAIL COMPLETED FORM AND DOCUMENTS TO:

info@NobleMetalServices.com

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