



J.ROT BART & CO.

PRECIOUS METALS | MATERIAL ASSETS

Strategic Transactions Limited

Unit 405, Wai Wah Commercial Building

6 Wilmer Street, Sai Ying Pun

Hong Kong

Customer KYC Form

Please complete and provide full and correct information for the following:

Part I: Customer Information:

| | | | |
|---|--|--------------------------|--|
| Name in English | | | |
| Applicable if the Customer is an individual or acting as a sole proprietor | | | |
| Details of Passport or National Identity Card | (1) Passport No./National Identity Card: (2) Date of Issue: (3) Country of Issue: | | |
| Applicable if the Customer is a company or a partnership | | | |
| Registration/Incorporation Document | Type: Certificate of Incorporation (Number:) Business Registration Certificate (Number:) Other (Number:) | | |
| Date of Incorporation | Day Month Year | Country of Incorporation | |
| Entity Type | <input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: | | |
| Name of Parent Company (if any) | | | |
| Applicable to all Customers | | | |
| Principal Source of Funds | | | |
| Principal Business or Residential Address | | | |
| Correspondence Address | <input type="checkbox"/> Same as above <input type="checkbox"/> Other Address: (Please also provide in Chinese if the address is in China or Taiwan) | | |
| Details of Authorised Person (1)* | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms English: Chinese: | | |
| | Job Title | Telephone Number | |
| | | | |
| | Business Email Address | Specimen Signature | |
| | | | |

| | | |
|----------------------------------|---|--------------------|
| Details of Authorised Person (2) | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms English: _____ Chinese: _____ | |
| | Job Title | Telephone Number |
| | | |
| | Business Email Address | Specimen Signature |
| | | |

*Please provide (i) a copy of the board resolutions, if the Customer is a company; or (ii) an original authorisation letter duly signed by the majority of the partnership, if the Customer is a partnership, confirming the duly appointment of the Authorised Person(s).

Part II: Customer's Bank Account Information

| | |
|--|--|
| Bank Name: | |
| Bank Address: | |
| Bank Code: | |
| Bank Swift/ABA Number: | |
| IBAN Number or Sort Code (if applicable): | |
| Bank Branch Code: | |
| Bank Branch Address: | |
| Beneficiary Bank Account Name: (should be the same as the Customer's name) | |
| Beneficiary Bank Account Number: | |

The Customer, hereby irrevocably and unconditionally represents that the information provided in this KYC Form is true, accurate and complete.

The Customer, also agrees that if requested to do so by STL, will provide such further information and/or documents as STL may require to verify the above information.

The Customer also irrevocably and unconditionally authorises the Authorised Person(s) to give instructions and or directions to STL in respect of any purchase or sale of Goods and to enter into any Sales Confirmation with STL and or to issue any Customer's Payment Direction to STL on its behalf.

Signature of Customer: _____
 Signed by: _____
 Title: _____
 Date: _____

Part III: Anti-Money Laundering Due Diligence and Identity Verification Requirements

The Customer is required to provide all identification and verification materials and documents detailed in this form.

Where the Customer/Transferor is an individual or a sole proprietor:

| | |
|--------------------------|---|
| <input type="checkbox"/> | (One of the following) Certified copy current valid Passport or National ID Card (bearing photo and signature) of the individual or the sole proprietor |
| <input type="checkbox"/> | (One of the following) Documental proof of residential address, e.g. a copy of utility bill or bank statement etc. (originals or certified copy required) |
| <input type="checkbox"/> | Business Registration Certificate (if a Sole Proprietor) |
| <input type="checkbox"/> | Original or certified copy of all the above of any authorised person of the Customer. |
| <input type="checkbox"/> | Bank Account Statement showing details of the bank account referred to in Part II of Customer KYC Form. |

Where the Customer/Transferor is a company, a certified copy of each of the following:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Certificate of Incorporation; |
| <input type="checkbox"/> | Memorandum and Articles of Association; |
| <input type="checkbox"/> | Certificate of Incumbency/Good Standing; |
| <input type="checkbox"/> | Board Resolution authorising the entering into the Account Opening Form and the appointment of the authorised person of the Customer to deal with all matters relating to the same; |
| <input type="checkbox"/> | Bank Account Statement showing details of the bank account referred to in Part II of Customer KYC Form; |
| <input type="checkbox"/> | List or Register of Directors and Shareholders or Statutory filing documents (such as Annual Return) showing all the current Directors and Shareholders; |
| <input type="checkbox"/> | Original or certified copy of all the above of any authorised person of the Customer. |

Where the Customer is a Partnership:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Certified copy of Partnership Agreement and Certificate of Good Standing (or equivalent); |
| <input type="checkbox"/> | Partnership mandate to purchase the Goods (e.g. Partnership Minutes); and |
| <input type="checkbox"/> | Certificate of Incumbency/Good Standing; |
| <input type="checkbox"/> | Board Resolution authorising the entering into the Account Opening Form and the appointment of the authorised person of the Customer to deal with all matters relating to the same; |
| <input type="checkbox"/> | Bank Account Statement showing details of the bank account referred to in Part II of Customer KYC Form; |
| <input type="checkbox"/> | Original or certified copy of all the above of any authorised person of the Customer. |

Where the Customer is a Trust or Foundation:

| Trust | Foundation |
|---|--|
| <input type="checkbox"/> Certificate of Incorporation or equivalent document. | |
| <input type="checkbox"/> Trust Deed. | <input type="checkbox"/> Foundation Charter. |

Please also provide passport or identity card copy and proof of residential address, as applicable;

1. if the Customer/Transferor is a company or a partnership, of at least two Directors or Partners (including an executive director where available), and beneficial owners with over 10% interest (or principal control); and or
2. for all Authorised Persons of the company or partnership.
3. if the Customer/Transferor is a trust or foundation, passport copy of each Settlor/Founder, Trustee, Protector, Beneficiary and Authorised Representative

NOTE 1: ALL COPY DOCUMENTS MUST BE CERTIFIED BY A SUITABLE CERTIFIER, which includes such professionals as an attorney, accountant, lawyer, notary public, judge, senior civil servant, government official or director or manager of a regulated credit or financial institution. The certifier should provide their name, signature, title, employer name or occupation and the date of certification. Preferably the certification should also read as **"This document is certified by me as a true and accurate copy of the original"**.

NOTE 2: In the event that the Customer directs a Transferor to transfer any of the Total Amount Payable to STL, the Customer shall procure all necessary identification and certification materials and documents as stated above in respect of such Transferor to be provided to STL.