

JEWELERS REFINING GROUP

38 WEST 48 STREET SUITE 1101 NEW YORK, NY 10036 TEL (212) 398-2569 FAX (212) 398-2916

BASIC INFORMATION

Customer Name: _____
Customer Address: _____
1- Headquarters: _____
City, State: _____ Zip: _____
2- Location(s) Doing Business with JRG Inc.:
Address: _____
City, State: _____ Zip: _____
Primary Contact: _____ Title: _____
Phone: _____ Fax: _____
Email: _____
Secondary Contact: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Description of Business (e.g., mining, jewelry manufacturing):

Description of Transactions (e.g., refining of production scrap):

EIN or Tax ID Number: _____

Customer Form of Business Entity:

_____ Corporation
_____ Partnership/Individual Proprietorship
_____ Other: _____

LAWYER REFERENCE

Name: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

IF CUSTOMER IS A CORPORATION

Jurisdiction of Incorporation: _____
Location of government records: _____
Office Name: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

Owner(s) of Company (include persons or entities with 10% or greater ownership, and all unnamed beneficial owners – a copy of a government-issued photo ID document, such as a passport or U.S. State Driver's License, must also be included):

Name: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

IF CUSTOMER IS A PARTNERSHIP

Identity of General Partner (or other person with full liability – a copy of a government-issued photo ID document, such as a passport or U.S. State Driver's License, must also be included):

Name: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

TRADE REFERENCES

1- Company: _____
Contact: _____ Title: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

2- Company: _____
Contact: _____ Title: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

3- Company: _____
Contact: _____ Title: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

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BANK REFERENCES

1- Bank Name: _____
Contact: _____ Title: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

2- Bank Name: _____
Contact: _____ Title: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____

Certification of Customer AML Regulatory Status Regulated or Non-Regulated Dealer in Precious Metals

The undersigned certifies that _____ is:
Name of Customer

(Please Check One)

_____ In compliance with the requirement of 31 CFR 103.140 to develop and implement an anti money laundering program for dealers in precious metals.

_____ Not subject to the requirement of 31 CFR 103.140 to develop and implement an anti money laundering program for dealers in precious metals.

Date: _____

Signature: _____

Name: _____

Title: _____

