



Liquidity Provider Account Application Form.

Brisbane, Australia

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Hong Kong

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Tower, 134-136 Des Voeux Road
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Bangkok, Thailand

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1 Silom Road,
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Limassol, Cyprus

Office 101, Alexandrias 2,
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Limassol, Cyprus, 3503
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Liquidity Provider Account Application Form – Company Checklist

Please tick once the following requirements are completed.

- Completed Sections 1, 2, 3, 4, 5 and 6
- Signed Section 7

i | IDENTIFICATION REQUIREMENTS

Please provide a copy of the following document:

- Certificate of company registration

ii | DUE DILIGENCE REQUIREMENTS

Please provide a copy of the following document:

- Financial Statements in accordance with Section 3

Where ABX is unable to verify your company using reliable and independent electronic data, please note that ABX may require original or certified copies of your documentation.

In the event that ABX requires certified documentation, please use one of the following persons: Justice of the Peace, Bank Officer, Doctor, Police Officer, Accountant, Pharmacist, Teacher or Lawyer. For more information please visit www.abx.com/d/AccountID.pdf.

Liquidity Provider Account Application Form – Company

Provision of this information is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

1 | PRIMARY CONTACT DETAILS (this contact must be an authorised signatory of the company and will have a MetalDesk user ID created)

Full name

Postal address

Suburb	State	Postcode	Country
Phone	Mob		
Email			
Phone Password	Promotional code (if any)		

2 | COMPANY DETAILS

Full name of company

Trading name (if different branding to company name)

Country where company was established

Australia Other (please specify)

ACN ABN ARBN Other

Identification number |

Company type: Public Proprietary Private Other

Registered office address (PO Box is not acceptable)

Suburb	State	Postcode	Country
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Principal place of business address (PO Box is not acceptable) As above

Suburb	State	Postcode	Country
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Director details - please list ALL directors (only needs to be completed for proprietary or private companies)

Number of directors

Full name of directors

Note: If there are more directors, please complete and attach a separate sheet.

Is your company licensed by a Commonwealth, State or Territory statutory regulator?

- No > Please go to next question
- Yes > Please name the regulator and license type and **Go direct to Section 3**

Is your company a listed company?

- No > Please go to next question
- Yes > Please name the financial market on which the company is listed and **Go direct to Section 3**

Is your company a majority owned subsidiary of a listed company?

- No > Please go to next question
- Yes > Please name the listed company and the financial market on which the company is listed and **Go direct to Section 3**

Are there any individuals who own more than 25% of the issued capital of the company? This may be through one or more shareholdings (only needs to be completed for proprietary or private companies):

- No > Go to section 3
- Yes > Please complete ALL shareholder details

Shareholder 1 | Full name (given names and surname e.g. John Joe Citizen)

Residential address (PO Box is not acceptable)

Suburb	State	Postcode	Country
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Shareholder 2 | Full name (given names and surname e.g. John Joe Citizen)

Residential address (PO Box is not acceptable)

Suburb	State	Postcode	Country
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Shareholder 3 | Full name (given names and surname e.g. John Joe Citizen)

Residential address (PO Box is not acceptable)

Suburb	State	Postcode	Country
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Shareholder 4 | Full name (given names and surname e.g. John Joe Citizen)

Residential address (PO Box is not acceptable)

Suburb	State	Postcode	Country
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3 | DUE DILIGENCE DETAILS

Please provide details of your business activities

Does the company hold any registration or license with a governing and/or regulated financial body (for example: ASIC, FSA, FCA, CySec):

- No > Please go to next question
- Yes > Please provide details of which governing or regulated financial body and the respective registration number

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Has the company ever been a party in an investigation, complaint, settlement, arbitration proceeding or reparation proceedings with any governing and/or regulated financial bodies?

- No
- Yes > Please provide a detailed explanation of which governing or regulated financial body and the issue occasioning the proceeding

Has the company implemented a comprehensive and compliant Anti-Money Laundering and Counter-Terrorism Financing Program?

- No > If not, please provide a detailed explanation below as to why it is not required

- Yes > Please note, Allocated Bullion Exchange may request a copy of your AML Program during the application process

Please attach the company's Financial Statements as detailed below:

- Where the company has audited financial statements, please attach the most recent audited financial statements for the financial year; or
- Where the company does not have audited financial statements, please attach the previous two years of unaudited financial statements.

Previous Experience in Trading

- No
- Yes >

Years	Months
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Objectives: Income Capital Growth Other >

Risk Appetite: Low risk Moderate risk High risk

Strategy: Active trading Occasional trading Passive trading

Experiences:	Commodities:	<table border="1" style="width: 100%; height: 20px;"></table>	years
	Futures:	<table border="1" style="width: 100%; height: 20px;"></table>	years
	Options:	<table border="1" style="width: 100%; height: 20px;"></table>	years
	Equities:	<table border="1" style="width: 100%; height: 20px;"></table>	years
	Bonds:	<table border="1" style="width: 100%; height: 20px;"></table>	years

4 | STANDARD SETTLEMENT DETAILS

Please provide details for the bank account to which you would like funds transferred following a request through MetalDesk.

Name of Bank	
BSB number	Account number
Name on account	
SWIFT/IBAN/ABA	

Allocated Bullion Exchange will not be responsible for payment errors or delays caused by incorrect or illegible bank details. Liquidity Provider herein acknowledges and agrees that:

- Allocated Bullion Exchange is under no obligation to verify the bank details provided by you. If there are any changes to these details, Allocated Bullion Exchange must be notified in writing immediately.
- Allocated Bullion Exchange will not be responsible for any delays or errors in payment due to factors outside the reasonable control of Allocated Bullion Exchange such as delays or errors in the banking system or errors with the account details provided by you.
- Allocated Bullion Exchange reserves the right to apply any overpayments against any future or existing debt owed.

5 | METALDESK USERS

If you would like to give additional persons access to MetalDesk, please complete the following. These details will be used to create User IDs.

Authorised User 1

Full Name	Date of Birth
Position	Work Phone
Email	

Authorised User 2

Full Name	Date of Birth
Position	Work Phone
Email	

Note: If additional Authorised Users are requested, please attach additional copies of this page.

6 | MINIMUM RATES

Please see below the fees (exclusive of VAT, Sales Tax) to be charged by Allocated Bullion Exchange to Liquidity Provider. Discounts may apply, dependent on trading volume. For further information on fees please refer to the ABX Account Agreement.

Execution Fee (Executed value)	Platform Fee (Per month)	Withdrawal Fee (Withdrawn value)	Storage Fees (per annum)		
			Gold	Silver	Platinum
%	\$	The greater of % Or \$*	%	%	%

*Additional fees may apply for withdrawing the 1/2oz gold, 1oz silver or 50g platinum contracts.

7 | DECLARATION

I/We herein guarantee the accuracy, completeness and truthfulness of the information provided within and/or connected to this application, including but not limited to identification and verification documents.

I/We undertake and agree to be bound by the terms contained within the Bullion Capital Account Agreement.

The signatory represents that they are duly authorised to bind the Liquidity Provider and undertakes that the Declaration is accurate. Liquidity Provider acknowledges that it shall arrange for two signatories to execute this Account Application where required.

Signature _____

Date _____

Print name _____

Signature _____

Date _____

Print name _____