

Thank you for applying to become a verified client of Goldmoney. This form incorporates our [Privacy Policy](#) and [Client Agreement](#), which, together, set out the terms under which Goldmoney provides services.

Please read each section carefully, including the checklist page, as this details the documentation which must be submitted with this form.

Additional information regarding acceptable documentation and certification can be found in the [FAQ section](#) of our website.

The completed application documents may be submitted by email in the first instance for review to institutional@goldmoney.com

If the documents are acceptable, we will then ask you to submit the documents in the post to our office address:

Verification Team
Goldmoney
9 bond Street
St Helier
Jersey, JE2 3NP
Channel Islands (UK)

If you require assistance with any part of the form, please contact our dedicated Relationship Management team on:

UK & International:	+44-1534-633-933
USA & Canada (Toll-Free):	1-855-583-GOLD(4653)
Or email us:	questions@goldmoney.com

Company Details

SECTION 1

REGISTERED NAME	TRADING NAME (IF DIFFERENT TO REGISTERED NAME)
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REGISTERED NUMBER	DATE OF REGISTRATION/INCORPORATION
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REGISTERED OFFICE ADDRESS

CITY/COUNTY/STATE/DISTRICT	COUNTRY	ZIP/POSTAL CODE
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PRINCIPAL BUSINESS

CITY/COUNTY/STATE/DISTRICT	COUNTRY	ZIP/POSTAL CODE
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TYPE OF ENTITY Ltd LLC S-Corp BV NV Other	TYPE OF ENTITY (IF MARKED OTHER)
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NAME OF REGULATOR AND COUNTRY (IF APPLICABLE)	TAX IDENTIFICATION NUMBER (IF APPLICABLE)
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BUSINESS ACTIVITIES
DESCRIPTION AND JURISDICTION OF ACTIVITIES OR LOCATION OF ASSETS. PLEASE INDICATE THE PERCENTAGE OF BUSINESS CONDUCTED IN EACH JURISDICTION.

ACTIVITY	JURISDICTION	PERCENTAGE

HOLDING/PARENT COMPANY WITH WHICH THIS ENTITY IS ASSOCIATED (IF ANY)	TOTAL NUMBER OF SHARES
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SOURCE OF WEALTH
OTHER ACTIVITIES WHICH HAVE GENERATED THE TOTAL NET WORTH OF THE ULTIMATE BENEFICIAL OWNERS (E.G. SALARY, BONUS, SALE OF PROPERTY, INHERITANCE, ETC.)

Ownership and Controllers

SECTION 2

Please complete this section for each (1) ultimate beneficial owner (having 10% or more ownership of the applicant company), (2) director, and (3) controller. (use additional pages as necessary)

TITLE Mr Mrs Ms Miss Dr Other						TITLE (IF MARKED OTHER)	
FULL NAME (INCLUDING FORMER/MAIDEN NAMES)							
ROLE Shareholder Beneficial Owner Director Controller Holding Company Other						ROLE (IF MARKED OTHER)	
NUMBER OF SHARES HELD IN APPLICANT COMPANY (IF APPLICABLE)						SHARE CLASS (IF APPLICABLE)	
RESIDENTIAL ADDRESS / REGISTERED BUSINESS ADDRESS							
CITY/COUNTY/STATE/DISTRICT			COUNTRY			ZIP/POSTAL CODE	
DATE OF BIRTH/REGISTRATION				PLACE OF BIRTH/REGISTRATION			
NATIONALITY/DOMICILE				PASSPORT NUMBER(S) & ISSUING AUTHORITY(IES) <small>(NATURAL PERSONS ONLY)</small>			

Ownership and Controllers

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Please complete this section for each (1) ultimate beneficial owner (having 10% or more ownership of the applicant company), (2) director, and (3) controller. (use additional pages as necessary)

TITLE Mr Mrs Ms Miss Dr Other						TITLE (IF MARKED OTHER)
FULL NAME (INCLUDING FORMER/MAIDEN NAMES)						
ROLE Shareholder Beneficial Owner Director Controller Holding Company Other						ROLE (IF MARKED OTHER)
NUMBER OF SHARES HELD IN APPLICANT COMPANY (IF APPLICABLE)					SHARE CLASS (IF APPLICABLE)	
RESIDENTIAL ADDRESS / REGISTERED BUSINESS ADDRESS						
CITY/COUNTY/STATE/DISTRICT			COUNTRY		ZIP/POSTAL CODE	
DATE OF BIRTH/REGISTRATION				PLACE OF BIRTH/REGISTRATION		
NATIONALITY/DOMICILE				PASSPORT NUMBER(S) & ISSUING AUTHORITY(IES) <small>(NATURAL PERSONS ONLY)</small>		

Holding Information

SECTION 3

HOLDING NUMBERS(S) (IF THE COMPANY OR ITS RELATED PARTIES HAVE AN EXISTING RELATIONSHIP WITH GOLDMONEY)

NAME REQUIRED ON NEW HOLDING (REGISTERED OR TRADING NAME ONLY)

PRIMARY EMAIL ADDRESS

SECONDARY EMAIL ADDRESS

REASON FOR OPENING A HOLDING WITH GOLDMONEY

Diversification

Recommendation

Hedge against inflation

Protection from currency and/or political risk

CURRENCY REQUIRED

HOLDINGS ARE AVAILABLE IN THE FOLLOWING CURRENCIES

GBP

USD

EUR

AUD

NZD

HKD

CAD

CHF

JPY

VALUE OF EXPECTED ACTIVITY OVER NEXT 12 MONTHS (USD OR EQUIVALENT)

0-150k

150-500k

500k-1M

1M+ (please specify)

VALUE OF EXPECTED ACTIVITY OVER NEXT 12 MONTHS (IF MARKED AS +1M+)

SOURCE OF FUNDS (E.G. SALARY, BONUS, SALE OF PROPERTY, INHERITANCE, ETC.)

DO YOU INTEND TO FUND USING VIRTUAL CURRENCIES?

Yes

No

BANK NAME FOR FUNDING THIS HOLDING

BANK ADDRESS

CITY/COUNTY/STATE/DISTRICT

COUNTRY

ZIP/POSTAL CODE

Individual Holding Operators

SECTION 4

Please provide details of each individual who is authorised to provide instructions on the Goldmoney Holding.
(use additional pages as necessary)

TITLE Mr Mrs Ms Miss Dr Other		TITLE (IF MARKED OTHER)
FULL NAME (INCLUDING FORMER/MAIDEN NAMES)		ROLE WITHIN THE COMPANY
RESIDENTIAL ADDRESS		
CITY/COUNTY/STATE/DISTRICT	COUNTRY	ZIP/POSTAL CODE
DATE OF BIRTH	CITY AND COUNTRY OF BIRTH	
NATIONALITY	PASSPORT NUMBER(S) & ISSUING AUTHORITY(IES) (NATURAL PERSONS ONLY)	
x SIGNATURE	 DATE

Individual Holding Operators

SECTION 4

Please provide details of each individual who is authorised to provide instructions on the Goldmoney Holding.
(use additional pages as necessary)

TITLE

Mr Mrs Ms Miss Dr Other

TITLE (IF MARKED OTHER)

FULL NAME (INCLUDING FORMER/MAIDEN NAMES)

ROLE WITHIN THE COMPANY

RESIDENTIAL ADDRESS

CITY/COUNTY/STATE/DISTRICT

COUNTRY

ZIP/POSTAL CODE

DATE OF BIRTH

CITY AND COUNTRY OF BIRTH

NATIONALITY

PASSPORT NUMBER(S) & ISSUING AUTHORITY(IES) (NATURAL PERSONS ONLY)

.....
SIGNATURE

.....
DATE

Declaration by the Authorised Signatories

SECTION 5

By signing this declaration, I confirm that I have authority to act on behalf of the applicant company and have read, understood and agree to be bound by the terms of the [Goldmoney Client Agreement](#).

I authorise the individuals listed in section 4 to be appointed as authorised Holding operator(s) on this Goldmoney Holding. I confirm that Goldmoney may accept the instruction or signature of the Holding operator(s) as listed in Section 4 for any transaction on the Holding.

I authorise Goldmoney to obtain independent verification of any information provided. Goldmoney may search files of credit reference agencies that may record each search.

.....
SIGNATURE

.....
DATE

.....
SIGNATURE

.....
DATE

Certifier's Details

SECTION 6

Please enter the details of the professional who certified your documents as true copies below.

TITLE Mr Mrs Ms Miss Dr Other	TITLE (IF MARKED OTHER)
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CERTIFIER'S FULL NAME

OCCUPATION	PROFESSIONAL MEMBERSHIP HELD	ID NUMBER WITH PROFESSIONAL BODY
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CERTIFIER'S TELEPHONE NUMBER	CERTIFIER'S EMAIL ADDRESS
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CERTIFIER'S ADDRESS

CITY/COUNTY/STATE/DISTRICT	COUNTRY	ZIP/POSTAL CODE
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.....
SIGNATURE

.....
DATE

Please provide the following instructions to your certifier:

1. The original document must be clearly photocopied and photographs must be copied so that the facial features in the photocopy are clearly visible.
2. Please write/stamp the following on the copy: "I certify that this is a true and correct copy of an original document in the name of [insert name of applicant]".
3. Where the copy is of a document containing a photograph, please write/stamp the following on the copy: "I certify that this is a true and correct copy of an original document in the name of [insert name of applicant] and a true likeness".
4. Sign your name below the above statement and date the certification. Either print your name, position, and any identification number below your signature or stamp each certified copy with your business stamp (if applicable).

Please ensure you complete the checklist before submitting this form. Missing information may delay the verification process.
Documents not in English must be professionally translated.

Sections 1-6 have been completed in full

A certified copy of the following documentation should also be provided:

Confirmation of registration of company

(A certificate of incorporation or registration)

Confirmation of the registered address

(Memorandum of articles and association/operating agreement or equivalent)

Confirmation of the principal business address, if different

(A bank statement, utility bill or similar dated within 90 days)

Confirmation of the trading name, if applicable

(A sample of letter headed paper, business cards, website or similar)

Confirmation of good standing

(The latest audited accounts or latest accounts and a letter from your primary bankers/accountant confirming the financial position of the company)

Confirmation of the company controller(s)

(Director's register, memorandum and articles of association or equivalent)

Confirmation of the beneficial owner(s) and ultimate beneficial owners (as applicable)

(Shareholder's register, share certificates or equivalent)

Documentation to support the total net worth of the ultimate beneficial owner(s)

(If this has not been generated solely by the company's activities)

A copy of each controller, beneficial owner, operator, and director's passport

A proof of residence document for each controller / beneficial owner / operator / director

(Acceptable proof of residence and identification document information can be located [here](#))

Corporate structure chart

(showing the structure of the company and all related parties)

Frequently Asked Questions:

[What is a certified copy?](#)

[What proof of residence documents does Goldmoney accept?](#)