

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.

**Please mail all physical documents to our office address:**

Onboarding Team  
Goldmoney Vault Inc  
49 Ossington Ave. Main Floor  
Toronto, ON, M6J 2Y9  
Canada

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

Email: [institutional@goldmoney.com](mailto:institutional@goldmoney.com)

# Trust Details

SECTION 1

TRUST NAME	DATE OF ESTABLISHMENT
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REGISTERED ADDRESS OF

CITY/COUNTY/STATE/DISTRICT	COUNTRY	ZIP/POSTAL CODE
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TYPE OF ENTITY	TYPE OF ENTITY (IF MARKED OTHER)
Family Trust    Irrevocable Trust    Other	

TAX IDENTIFICATION NUMBER

### TRUST ACTIVITIES

DESCRIPTION AND JURISDICTION OF ACTIVITIES OR LOCATION OF ASSETS. PLEASE INDICATE THE PERCENTAGE OF BUSINESS CONDUCTED IN EACH JURISDICTION.

ACTIVITY	JURISTIOCTION	PERCENTAGE

HOLDING/PARENT COMPANY WITH WHICH THIS ENTITY IS

## Ownership and Controllers

SECTION 2

Please complete this section for each beneficiary, protector, settlor, trustee (use additional pages as necessary)

TITLE

Mr Mrs Ms Miss Dr Other

TITLE (IF MARKED OTHER)

FULL NAME (INCLUDING FORMER/MAIDEN NAMES)

ROLE

Trustee Settlor Protector Beneficiary Other

ROLE (IF MARKED OTHER)

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) (NATURAL PERSONS ONLY)

# Individual Holding Operators

SECTION 3

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

<b>TITLE</b> Mr Mrs Ms Miss Dr Other		<b>TITLE (IF MARKED OTHER)</b>
<b>FULL NAME (INCLUDING FORMER/MAIDEN NAMES)</b>		<b>ROLE WITHIN THE TRUST</b>
<b>RESIDENTIAL ADDRESS</b>		
<b>CITY/COUNTY/STATE/DISTRICT</b>	<b>COUNTRY</b>	<b>ZIP/POSTAL CODE</b>
<b>DATE OF BIRTH</b>	<b>CITY AND COUNTRY OF BIRTH</b>	
<b>NATIONALITY</b>	<b>PASSPORT NUMBER(S) &amp; ISSUING AUTHORITY(IES)</b>	
..... <b>SIGNATURE</b>	..... <b>DATE</b>	

## Holding Information

SECTION 4

HOLDING NUMBERS(S) (IF ANY OF THE PERSONS ABOVE HAS AN EXISTING RELATIONSHIP WITH GOLDMONEY)

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

## Certifier's Details

SECTION 5

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

<b>TITLE</b> Mr   Mrs   Ms   Miss   Dr   Other	<b>TITLE (IF MARKED OTHER)</b>
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**CERTIFIER'S FULL NAME**

<b>OCCUPATION</b>	<b>PROFESSIONAL MEMBERSHIP HELD</b>	<b>ID NUMBER WITH PROFESSIONAL BODY</b>
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<b>CERTIFIER'S TELEPHONE NUMBER</b>	<b>CERTIFIER'S EMAIL ADDRESS</b>
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**CERTIFIER'S ADDRESS**

<b>CITY/COUNTY/STATE/DISTRICT</b>	<b>COUNTRY</b>	<b>ZIP/POSTAL CODE</b>
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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).

## Declaration by the Authorised Signatories

SECTION 6

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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

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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:

Trust deed

A passport copy for the settlor and each trustee and beneficiary

A proof of residence document for the settlor and each trustee and beneficiary  
(Acceptable proof of residence and identification document information can be located [here](#))

Trust structure chart

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

Confirmation of the registered address of the trust

(trust deed or letter from a lawyer or similar)

Confirmation of the principal business address (if applicable)

(trust deed or letter from a lawyer or similar)

Documentation to support the total net worth of the settlor

Should you need assistance with any part of the form, please contact our Relationship Management team:

Email us: [institutional@goldmoney.com](mailto:institutional@goldmoney.com)