



NEW ZEALAND GOLD MERCHANTS

Metal Application Form

customer personal ID _____

Storage Account Details

Name: _____

Date: _____

Account Name: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Country: _____

Date of Birth: _____

Postcode: _____

Password (optional): _____

Operating Authorities

Please supply the names and specimen signatures of the person(s) authorised to operate this account. If applicable, please supply a notarised copy of entities' Certificate of Incorporation or Certificate of Registration and a list of signatories.

Name: _____

Specimen signature: _____

For storage accounts with more than one operation authority please attach the names and specimen signatures of the additional operating authorities and please circle one of the following:

This account is operated by: Individual signature Joint signature

Identification

Please supply **ONE of the following forms of** identification listed below for each operating authority. (Please have copies endorsed by a public notary or equivalent agent if being completed outside of our office.)

Passport

Date of issue: _____

Birth Certificate

Date of issue: _____

Document No: _____

Document No: _____

Country: _____

Country : _____

Driver's licence

Date of issue: _____

Application Declaration

I declare I understand the operation of the New Zealand Gold Merchants Ltd Precious Metal Storage Accounts.

Document No: _____

Signature: _____

Country : _____

Print Name: _____

Date: _____