



# 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: \_\_\_\_\_