Foreign Business Supplier
Know Your Supplier Form (KYS)

Thank you for your interest in establishing a business relationship with Z R SONS INC.

The information we will be asking includes details about your business structure, its customers, shareholders and controlling parties as well as countries that the business work with. We have prepared this Know Your Supplier (KYS) form to facilitate smooth onboarding process for our Suppliers. Please go through each section in the form and fill out the necessary information as requested.

Please feel free to contact us if you have any questions.

Customers who want to open an account with Z R SONS INC must submit the following documents (If applicable / if existing) :
All documents must be certified colored copies .
All documents must be submitted in English language or with translations .
All documents must be updated .

+1 (778) 214 7222 info@zrsons.com
106 - 460 Doyle Ave, Kelowna, V1Y 0C2, British Columbia, Canada.

ZR SONS

ACCOUNT OPENING CHECK LIST

Please mark the documents that you provide us attached to this form.

DOCUMENT CATEGORY	REQUIRED DOCUMENTS	ATTACHED
1. Company Registration Documents	• Articles of Association (notarized / apostilled) • Certificate of Incorporation (notarized / apostilled) • Certificate of Good Standing (notarized / apostilled) • List of Authorized Signatures and Beneficial Owners (notarized /apostilled) • Tax Registry (notarized/apostilled) • Commerce Registry/ Business Register Extract(notarized / apostilled)	☐ ☐ ☐ ☐ ☐ ☐
2. Valid License, Certifications, Reports Policy & Procedures	• License to deal with Export and Import Precious Metals (notarized / apostilled) • Financial & Independent Audit Reports • Counter party's Policies & Procedures (AML-CFT Policy, Responsible Gold Supply Chain Policy, Bribery policy, Child Labor Policy etc.)	☐ ☐ ☐
3. Owner or Shareholder's identification	• List of beneficial owner or shareholders of the company (att. Clear and Colored Passport and Visa Page Copies) (notarized / apostilled) • List of directors of the company (board members) (Attach Clear and Colored Copies of Passport and Visa Pages) (notarized / apostilled) Utility bill of the office (Phone, Electricity, etc…)	☐ ☐

Authorized signatory

Name _____

Date _____

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1- COMPANY DETAILS			
Company name			
Registered Address			
Date and country of Incorporation			
Tax / Business Registration Number			
Phone number			
Email Address			
Website			
How many direct and indirect subsidiaries does the Company have? Please provide a Group chart			
Source of funds			
Funds Origin			
Contact full name			
Email address		Phone number	
Bank account name		Bank name	
IBAN		SWIFT	

2- BENEFICIAL OWNERS				
Name	**Address**	**Country of Incorporation/ Nationality(ies)**	**Date of Incorporation/ Date of birth**	**Shares (%)**

3- MANAGEMENT STRUCTURE			
Name	**Title**	**Nationality**	**Identification Number**

4- FINANCIAL INFORMATION			
	Currency	**Last Reporting Period**	**Previous Year**
• Share capital			
• Total Balance Sheet			
• Sales			
• Net Income			

5- HUMAN RESOURCES	
Number of Employees	

6- ORIGIN OF PRECIOUS METALS AND COMPANY ACTIVITY			
Profile of your precious metals suppliers (Individual / Companies)		Country(ies) of origin of precious metals	
Countries of destination of precious metals		If storage is required, where is the location of the storage facility?	
Export volume per week		Does the Company have any smelting or refining facilities?	
Does the Company have any manufacturing facilities?		What are the types, forms and percentage of precious metals sourced by the Company?	

7- ANTI MONEY LAUNDERING (AML) PROGRAM			
Is your institution subject to Anti-Money Laundering / Combating financial terrorism Law / Regulation?		Has your institution established a conformity program that contains AML policies and procedures, according to national & international laws?	
Name of the Regulator			
Does the Company have a person responsible (Compliance Officer) for all AML-CFT matters (Due Diligence, AML policies, internal training)? If yes, please provide us with his/her name, phone number and e-mail address			
Is the Company subject to an AML-CFT audit by an independent party or a Governmental party? Date of your last AML-CFT compliance audit.		Does the Company have an AML-CFT training for the employees?	

8- REFERENCES			
1- Company name		Contact name	
Phone number		Email address	
2- Company name		Contact name	
Phone number		Email address	

DECLARATION

We hereby declare that the particulars given herein are true, correct and complete to the best of our knowledge and belief, the documents submitted along with this application are genuine and we are not making this application for the purpose of contravention of any Z R SONS INC Policies, rules and regulations.

We hereby agree to provide any additional information / documentation that may be required by Z R SONS INC, in connection with this compliance and declaration. We herewith declare to be the single owner of the funds, metals and /or valuables to act on his own account; if any change is done in the future, we commits to inform immediately Z R SONS INC.

SIGNATURE AND STAMP

NAME _____ PLACE AND DATE _____