

Dear Valued Customer:

Gannon & Scott is subject to US government regulations on the precious metals industry, which include the United States Patriot Act of 2001 and the Bank Secrecy Act of 1970. These acts require us to establish and maintain policies and programs that allow us to be reasonably sure of a customer's identity and assess their risk level as it relates to potential criminal activity including money laundering. Gannon & Scott's Anti-Money Laundering Program (AML) is designed to comply with these regulations, keep our customers informed and uphold our commitment to Doing It Right.

As part of our compliance program, we request that you complete the attached W-9 Form (or W-8 Form for our international customers), and our Know Your Customer Form. These forms ask for company history, business and industry information, material sourcing information, as well as basic company contact and identification information. Prior to activating your account, we must have the completed forms returned to us. **We cannot receive your material for assay or refining, process your material or disburse payment until this information has been verified and accepted.**

We have been servicing our customers since 1919 and have developed long-term relationships built on integrity and trust. We treat all customer information with the utmost confidence. Please return the requested information as soon as possible either via fax (401-463-5971) or e-mail to compliance@gannon-scott.com.

This letter also serves as a statement that Gannon & Scott fully complies with its obligations under the USA Patriot Act as well as all laws and regulations.

We thank you for your time and attention to this important matter.

Sincerely,

Gannon & Scott AML Compliance Department



Know Your Customer Form

Company Legal Name: _____ **Federal Tax ID #:** _____

DBA (If any): _____ Parent Company (If any): _____

Company Physical Address (Cannot be a P.O. Box):

Street Address _____

City _____ State / Province _____

Postal / Zip Code _____ Country _____

Preferred Mailing Address (if different):

Street Address _____

City _____ State / Province _____

Postal / Zip Code _____ Country _____

Additional Company Information:

Company Phone: _____ Company Fax: _____

Year Established: _____ Company Website: _____

State of Domicile: _____ Resale Certificate #: _____

D & B #: _____ Government License #: _____

List Other Locations (if any): _____

Other Credit Agency #s (if any): _____

Certifications: _____

Industry Associations: _____

Primary Contact Information:

Full Name & Title: _____

Work / Cell Phone Number: _____ Email Address: _____

Other Information:

How Were You Referred To Gannon & Scott?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Established | <input type="checkbox"/> Recycler Referral | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Cold Call | <input type="checkbox"/> G&S Website | <input type="checkbox"/> Sales Research | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Customer Referral | <input type="checkbox"/> Mailing Promotion | <input type="checkbox"/> Trade Show | <input type="checkbox"/> Other: _____ |

What Industry Best Describes Your Company?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Accounting Firm | <input type="checkbox"/> Electronics | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Assay | <input type="checkbox"/> Electronic Plating | <input type="checkbox"/> Jewelry Plating | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Emblematic | <input type="checkbox"/> Medical | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Collector/Aggregator | <input type="checkbox"/> Individual | <input type="checkbox"/> Pawn | <input type="checkbox"/> Refining |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Industrial | <input type="checkbox"/> Other: _____ | |

Beneficial Owners*:

Please list Beneficial Owners (People who control the Company or own more than 25%):

Full Name & Title: _____

Full Name & Title: _____

Full Name & Title: _____

Please describe any changes in beneficial owners in the last 5 years:

Primary Company Officers*:

Full Name & Title: _____

Full Name & Title: _____

Full Name & Title: _____

Full Name & Title: _____



Anti-Money Laundering (AML) Information:

All precious metals dealers and retailers who purchase and sell more than \$50,000.00 in precious metals, precious stones or jewels are required to have a written AML policy. **All customers must complete the below anti-money laundering certification.**

Does your company have an AML program? Yes No

If your company does not have an AML program, please explain:

AML Officer Information:

Full Name & Title: _____

Work / Cell Phone Number: _____ Email Address: _____

Conflict Minerals and Responsible Sourcing Information:

Primary sources of material for refining (please include countries of origin):

Please provide the following information about the material:

Nature of material: _____

Expected type of precious metal content: _____

Estimated weight of shipments: _____

Estimated frequency of shipments: _____

Is your company subject to conflict minerals sourcing disclosure requirements? Yes No

Does your company have a Conflict Free Sourcing of Materials policy? Yes No

Signature:

I, _____, on behalf of _____ certify that
(Agent Name, Title) (Company Name)
everything is answered accurately and completely.

Signature: _____ Date: _____