



To help the U.S. Government fight terrorism funding and money laundering, federal law requires financial institutions, including dealers in precious metals, to obtain and verify identification information. Thank you for your cooperation in complying with these requirements.

BEFORE YOU BEGIN:

REQUIRED DOCUMENTS AND INSTRUCTIONS

1. Please gather the following documents and include them with your submission:
 - a) State-issued driver license or passport for each business owner/authorized representative;
 - b) Business License or comparable substitute (e.g., business permit; sales tax license; tax registration; Secondhand Dealer/Precious Metals Dealer/Pawnbroker License, or trade-name registration);
 - c) Current Secretary of State Annual Report reflecting company's good standing and ownership (if applicable).
 - d) Mine claims (if applicable)
2. Please fully complete each section of this application; write "N/A" if not applicable.
3. Return this completed application via email: info@mavateccorp.com

SECTION 1:

GENERAL BUSINESS INFORMATION

FULL LEGAL NAME OF COMPANY (OR SOLE PROPRIETOR):

BUSINESS TRADE NAME (T/A) OR DOING BUSINESS AS (D/B/A) (if applicable):

TYPE OF ORGANIZATION:

- CORPORATION
- PARTNERSHIP
- LLC
- SOLE PROPRIETOR
- OTHER:

YEARS IN BUSINESS:

STATE OF INCORPORATION (if applicable):



**MAVATEC CORPORATION
BUSINESS KYC FORM**

BUSINESS PHONE:

BUSINESS WEBSITE:

BUSINESS EMAIL:

BUSINESS ADDRESS (NOT A P.O. BOX):

CITY:

STATE:

ZIP:

YOUR TYPE OF BUSINESS:

- PRECIOUS METAL DEALER
- PRECIOUS METAL WHOLESALER
- ONLINE JEWELRY/METALS
- DENTAL SCRAP BUYER
- JEWELRY RETAILER
- MINER/PROSPECTOR
- MINING COMPANY
- REFINER/RECYCLER
- SMELTING/PROCESSING PLANT
- OTHER:

FROM WHERE DOES YOUR BUSINESS OPERATE?

- RETAIL LOCATION
- FLEA MARKET
- OFFICE SPACE
- HOME
- OTHER:



**MAVATEC CORPORATION
BUSINESS KYC FORM**

SALES TAX NUMBER:

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FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):

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SECTION 2:

BUSINESS OWNERS, MANAGERS & REPRESENTATIVES (**PROVIDE COPY OF DRIVER LICENSE OR PASSPORT FOR EACH*):

OWNER'S NAME	%, OWNERSHIP	DATE OF BIRTH	TITLE

NON-OWNER MANAGERS OR OTHER CONTROLLING PARTIES (**PROVIDE COPY OF DRIVER LICENSE OR PASSPORT FOR EACH*):

NAME	DATE OF BIRTH	TITLE

NON-OWNER REPRESENTATIVES AUTHORIZED TO DELIVER METALS OR BOOK TRANSACTIONS ON COMPANY'S BEHALF (**PROVIDE COPY OF DRIVER LICENSE OR PASSPORT FOR EACH*):

NAME	DATE OF BIRTH	TITLE



SECTION 3:

TYPES OF METALS/ANTICIPATED SALES VOLUMES (*PLEASE PROVIDE BEST ESTIMATE OF VOLUME EVEN IF UNCERTAIN):

GOLD (AU) _____ T/OZ / MONTH (Please designate "0" if no anticipated product with this material)

SILVER (AG) _____ T/OZ / MONTH (Please designate "0" if no anticipated product with this material)

OTHER METAL _____ (Please designate "0" if no anticipated product with this material)

OTHER METAL _____ (Please designate "0" if no anticipated product with this material)

SECTION 4:

COMMERCIAL REFERENCES:

REFERENCE NAME	REFERENCE PHONE

SECTION 5:

BANK ACCOUNT INFORMATION:

Bank of recipient:

SWIFT / BIC Code:	
Bank Name:	
Bank Address:	

Beneficiary:

IBAN / Account Number:	
Beneficiary Name:	
Beneficiary Address:	

SECTION 6:

AML PROGRAM:

The USA PATRIOT Act of 2001 requires all persons/businesses who in the prior calendar year purchased and sold more than \$50,000 in jewels, precious metals, precious stones or finished goods containing such items (collectively, "covered goods") to develop and implement a written anti-money laundering ("AML") program reasonably designed to prevent such Dealers



from being used to facilitate money laundering and terrorist financing through the purchase and sale of covered goods.

As a condition of doing business with MAVATEC CORPORATION, the Client represents and warrants as follows (check applicable box):

it has a written AML program, and its AML Compliance Officer's name is _____

OR it does not have an AML program for the following reason:

Client did not sell (to the general public/foreign suppliers) and >\$50,000 in covered goods during prior calendar year;

Other exemption (describe): _____

SECTION 7:

ACKNOWLEDGMENT:

Client represents, by the below signature of its duly authorized representative, that all information provided on this BUSINESS KYC FORM is true, complete and accurate.

CLIENT NAME (BUSINESS NAME):

PRINTED NAME AND TITLE OF BUSINESS OWNER OR LEGAL REPRESENTATIVE:

SIGNATURE OF BUSINESS OWNER OR LEGAL REPRESENTATIVE:

DATE:

Last Update:
5/01/2024