

Allocated Storage Account Opening Form

Trust Account

23 Amoy Street, Singapore, 069858 • Tel: +65 6223 0185 • info@indigopreciousmetals.com • www.indigopreciousmetals.com							
I/We confirm that I/We wish to open a secure 'allocated' storage metal account in my/our name with IPM Group Pte Ltd and enclose the documentation as requested. I/We agree to the terms and conditions as advised.							
Company Details:							
If Trust, please select: Bare Trust Discretionary Trust Non-discretionary Trust Will Trust							
Other (please specify):							
Trust Name:							
Date of Trust Deed: / / Country of Formation:							
Trading Name:							
Telephone:							
E-mail/s:							
Address:							
Post Code:							
State: Country:							
Bank Account Details:							
Bank Name:							
Bank Address:							
Post Code:							
State: Country:							
Account Name/s:							
Account Number:							
Swift Code: Sort Code:							

Company Registration: 201428070N

Settlors
Please provide details of all Settlors
(Continue on a separate sheet of paper if necessary)

Name:	Nationality:
Address:	
	Post Code:
Name:	Nationality:
Address:	
	Post Code:
Name:	Nationality:
Address:	
	Post Code:
	Trustees Please provide details of all Trustees (Continue on a separate sheet of paper if necessary) If Trustee is a Corporate, please provide equivalent details e.g. registered name, country of incorporation
Name:	Nationality:
Address:	
	Post Code:
Name:	Nationality:
Address:	
	Post Code:
Name:	Nationality:
Address:	
	Post Code:
Name:	Nationality:
Address:	
	Post Code:

Beneficiaries

Please provide details of all Beneficiaries
(Continue on a separate sheet of paper if necessary)

Class of Be	eneficiary:						
Name:		Nationality:					
Address:							
		Post Code:					
Name:		Nationality:					
Address:							
		Post Code:					
Name:		Nationality:					
Address:							
		Post Code:					
Name:		Nationality:					
Address:							
		Post Code:					
	Authorised persons to give instructions on account (Continue on a separate sheet of paper if necessary)						
Name:							
		Sample signature:					
Name:							
		Sample signature:					
Name:							
		Sample signature:					
Name:							
		Sample signature:					

Additional Information:

Services Required:	Physical Bullion Purchase and/or Sale							
Tick as many boxes that apply	(Other Give details:						
Source of Funds: Tick as many boxes that apply	Inc	ome	Cash S	Savings	Re-alloca	ition of Assets		Other Give details below:
Source of Metal (if applicable Tick as many boxes that apply		e): Previously bought from IPM or Baird & Co.			Previously bought from other Bullion Merchant			Other Give details below:
Anticipated number of transactions (per annum)	:	0 - 5		6 - 15		15+		
Anticipated transacted size (Sing\$ equivalent):		S\$ 0 – 2.	5k	S\$ 25k –100k		S\$ 100k – 250k		S\$ 250k +
Anticipated Strategy:		Short Term Speculation (<1 year)		Medium Term Investment (1 – 5 years)		Long Term Strategy (5 years +)		Other Give details below

Verification Details:

Please provide 1 copy of Identification and 1 proof of address for all persons identified on this form.

For basic due diligence purposes, we accept scanned / photocopied documents. In the event that we are obliged to apply enhanced due diligence procedures, we may require sight of original documents or certified copies and additional information. We will notify you if this is the case in the future.

Photo Identification: I.C. • Passport • Driving Licence • Other Government Issued ID

Proof of Address: Utility Bill • Bank statement • Tax statements • Government Issued documentation

(Under 6 months old)

For Corporate Trustees, please provide the following:

- Certificate of Registration Memorandum & Articles of Association (if a Ltd Company)
- Partnership Deed Articles of Partnership (if a Partnership)
- Recent Bank Statement in the name of the legal entity

In respect of the Trust, please provide copies of the below:

• Resolution confirming wish to open an account with IPM Group Pte Ltd. (or equivalent)

Company Registration: 201428070N

Signatures:

(Please provide as many signatures as needed)

Print Name:			
Signature:	Date:	/	1
Print Name:			
Signature:	Date:	/	1
Deint Name			
Print Name:	D .		
Signature:	Date:	/	1
Print Name:			
Signature:	Date:	1	1
Print Name:			
Signature:	Date:	/	1
Signature.		1	,