

Allocated Storage Account Opening Form

Personal Account

23 Amoy Street, Si	ingapore,	e, 069858 • Tel: +65 6223 0185 • info@indigopreciousmetals.com • www.indigopreciousmetals.com	ais.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.											
Account Details:											
Name(s):											
Telephone:											
Email:											
Address:											
		Post Code:									
S	tate:	Country:									
Bank Account Details:											
Bank Name:											
Bank Address	:										
		Post Code:									
	State	ate: Country:									
Account Name											
Account Num	ber:										
Swift Code:											
Employment Information:											
Profession / O	ccupat	ation:									

Company Registration: 201428070N

Additional Information:												
Services Required: Tick as many boxes that apply		Physical Bullion Purchase and/or Sale										
		Other Give details:										
Source of Funds: Tick as many boxes that apply		Income		Cash Savings	S	Re-allocation of A	Assets					
Source of Metal (if applicable): Tick as many boxes that apply		If M of Dana & Co. Outer Dunion Merchant					Other Give details below:					
Anticipated number of transactions (per annum):		0 - 5		6 - 15		15 +						
Anticipated trans (Sing\$ equivalent):	acted size	S\$ 0 – 25k		S\$ 25k -100k		S\$ 100k – 250k		S\$ 250k +				
Anticipated Strat	egy:	Short Term Speculation (<1 year)		Medium Term Investment (1 – 5 years)		Long Term Strategy (5 years +)		Other Give details below:				
								Give dealis below.				
Verification Details:												
Photo Identificati	ion *·	Vermea		Details.		Photo						
(One only)	ion .	I.C.		Passport		Driving Licence						
				D. I		T		Control 1				
Proof of Address		Utility Bill		Bank Statement		Tax Statement		Govt. or Local Authority				
(Under 6 months old) (One only)		Other. Give details:						document				
* 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.												
Print Name(s):												
Signature(s):					Date): /	,	1				

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