EL PALACIO, INC.
640 S. Hill St., Ste. #253, Los Angeles, CA 90014
(213)590-5909 | elpalacioinc@gmail.com

APPLICATION OVERVIEW

Federal regulations designed to prevent terrorism financing and money laundering require precious-metal and gemstone dealers to verify the identity of every individual or organization establishing an account. These requirements are part of the USA Patriot Act and apply to all Precious Metals Dealers nationwide.

As part of opening an account with EL PALACIO, INC., we will request your name, address, date of birth, and certain details regarding any beneficial owners or officers associated with the account. A valid government-issued identification document such as a passport, driver's license, or similar form of ID will also be required.

All information you provide will be handled with the utmost confidentiality and care. We appreciate your cooperation and your commitment to helping us maintain a secure and compliant environment.

Sincerely,

EL PALACIO, INC.

BUSINESS INFORMATION

Legal Name of Business:____

Legal Name of Owner: ____

Legal Address of Business: ____

City: ____________________ State:_____ Zip Code: ________ Country: __________________

Web Site:_________________ E-mail: _________________ Office Phone #:____________________

Business Entity Type (LLC, PLC, etc.):_________________ Year of Establishment: _____________

Employee Identification Number (EIN): _______________________________

Company Compliance Officer's Name: _________________________________

Company Compliance Officer's Phone #: _______________________________

Company Compliance Officer's E-mail:_________________________________

BANKING INFORMATION

Bank Name: ____

City: ____________________ State:_____ Zip Code: ________ Country: __________________

Bank Account #: ____

Routing # : ____

Swift Code:____

BUSINESS TYPE

Please Include Names of All Beneficial Owners and Controlling Officers

Individual's Name: ____

Individual's Address (Street, City, State, Zip) (include address in U.S., if applicable):

____

Cell Phone #: __________________________ E-Mail: ________________________

Passport #: ______________________________ Driver's License #: ______________

Employee Identification # / Social Security #: _______________________________________

Position in Firm: _________________________

REQUIRED DOCUMENTS

Please provide a photocopy of the following documents as part of your account application. Submitting a complete package helps ensure timely review and approval.

- **Business/Occupational License**
- **Valid Pawn Brokers License**
- **Articles of Incorporation/Operating Agreement**
- **Mining Concession License and any applicable permits when relevant**
- **Government-issued photo identification for all beneficial owners**
- **AML Certification**
- **State-issued identification for the individual opening the account**

AML CERTIFICATION

Federal regulations aimed at preventing money laundering and the financing of terrorism require precious-metals dealers to confirm that their business partners either maintain an appropriate anti-money-laundering (AML) program or qualify for an exemption. Please complete the certification below on your company's official letterhead and return it with your application materials.

This document certifies that _________________________________ (the "Company"):

( ) confirms that it has consistently adhered to all applicable anti-money-laundering and counter-terrorist-financing laws, including all related rules, regulations, and administrative directives in every jurisdiction in which the Company and its subsidiaries operate. This includes compliance with the Bank Secrecy Act and the USA PATRIOT Act of 2004 (collectively, the "AML Laws"). The Company further states that it is not currently the subject of any pending or threatened legal or regulatory action concerning the AML Laws;

AND

( ) maintains a formal written risk assessment and a comprehensive AML compliance program, which includes supervisory procedures, employee training, and periodic independent testing to ensure the effectiveness of its AML controls and processes.

OR

( ) qualifies for an exemption from the AML Laws, has been granted an administrative exemption by the appropriate regulatory authority, or is a non-U.S. entity that complies with all applicable local AML requirements.

Name: ___________________________________

Signature: _______________________________

Title/Position: ____________________________

Date: ____________________________________