

URGENT ATTENTION REQUIRED

Dear Customer and Business Partner:

In order to complete our compliance obligation, we are required under our policy and program to acquire the following identifying information for all our business partners and customers. Please provide the following identifying information. You may complete this form and return via mail, or scan and email to cgametals@gmail.com.

COMPANY NAME:

Address: _____

Telephone number: _____

Fax number: _____

E-Mail address: _____

PRIMARY CONTACT:

NAME: _____ TITLE: _____

CELL PHONE: _____

EMAIL: _____

SECONDARY CONTACT:

NAME: _____ TITLE: _____

CELL PHONE: _____

EMAIL: _____

Description of Customers business (pawn, jewelry retailer, dealer, etc.)

Description of Customers Transactions with CGA:

Federal Tax identification number: _____

Form of Business Entity: _____ Corporation ____ Partnership

_____ Limited Liability Company _____ Individual

If customer is a Corporation or Limited Liability Company:

Jurisdiction of Formation: _____

Owner(s) of Company (persons or entities with 10% or greater ownership – a copy of photo ID is required, such as passport or US State Drivers' License.)

Name: _____

Address: _____

Telephone: _____

BANKING INFORMATION FOR WIRE – ACH

Bank name _____

Branch Address: _____

Routing Number: _____ Account Number: _____

CERTIFICATION

YES _____ We have or will be instituting an AML Program.

NO _____ We will not institute an AML program due to our status as an "exempt" retailer.

Authorized Signature

Date

Your response to this inquiry is an important element in our compliance program. Your prompt attention to this matter is greatly appreciated.

Very truly yours,

David Pinhasi
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Davie, FL 33314