



SITE VISIT FORM – RECYCLED MATERIAL

Visited by: (Name of Representative): _____

Date of the visit: _____

Purpose	<i>To standardise the on-site visit report documentation</i>
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Customer	
Name:	
Registered address:	
Address visited: (if different from the registered address)	
Type of operations taking place at the location visited	
Who did you meet during your visit (name & title)?	
Have there been any changes in the customer's ownership since the last visit or KYC update?	

Business activity	
Description of the customer's history (company background):	
Description of the customer's structure (e.g. part of a group, privately owned etc.):	
Description of the customer's business activity:	
What are the customer's main products?	
Others:	

Inbound (purchase of goods to be refined)	
What type of material will be sent to us for refining?	
Please list the countries (and amounts) where the customer sources the precious metals:	
What is the profile of their precious metal suppliers?	
How many suppliers (approximately) do they work with/purchase from?	
What was the customer's supply / production during the past 12 months?	
How many transactions (purchases) do they have per week or month?	

Regulatory environment	
Is the precious metal activity regulated in the country of operations (e.g. AML)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of regulation and supervision:
Is the company required to hold a license to conduct its business? If yes, please attach a copy of the license to this report.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of license:
Is the customer legally required to have a license to import or export precious metal? If yes, please attach a copy of each license to this report.	<input type="checkbox"/> Import <input type="checkbox"/> Export
Other comments:	

Due diligence procedure on its customers/suppliers	
Does the customer perform due diligence on its precious metals suppliers and customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of due diligence is performed on its precious metals suppliers and customers? Please describe the due diligence documents that are requested by the customer?	
Do they monitor the transactions with their customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they accept cash transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have to report any suspicious transaction or any cash transaction to the authority? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Did the employees you talked with understand AML and reputation risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are records of AML training maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other comments:	

Workers	
How do you assess the quality of the offices and/or working conditions?	<input type="checkbox"/> Unacceptable <input type="checkbox"/> Basic <input type="checkbox"/> Comfortable Please describe:
How many people work in the company? In the entire group?	
Have you identified any evidence of use of forced labour, pressure, threats, bad treatment, etc. of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you seen any evidence of children working during the visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate their tasks:
Other comments:	

Security	
How do you assess the security infrastructure?	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate Please describe:
What is the situation with respect to security in the Country at the time of the visit?	

Only for Refining and or Manufacturing installations	
Please describe the operational site and equipment:	
In case they have a refining facility, what is their monthly production/capacity?	
Please describe the processing techniques, including chemical products used (if any):	
Please describe the methods/processes used to avoid negative impacts on the environment (e.g.: environmental management systems, pollution and emission control, etc):	

Did you see any visible emergency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did you see any first aid equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the workplace environment look safe and well maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is Personal Protective Equipment (PPE) available for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the PPE look appropriate and is it properly used and worn by all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other comments:	

Relationship Assessment	
Where appropriate, have you engaged with the counterparty to improve its responsible practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Other comments:	
Overall assessment with positive and improvement points:	

Dated: _____

Print name: _____

Signature: _____