



## INFORMATION STATEMENT



**TO BE FILLED OUT ONLY BY THE PRINCIPAL OF THE FIRM**

## INFORMATION STATEMENT

**Each Principal must complete an Information Statement. Use additional pages as necessary. Please note that all requested information must be supplied prior to approval.**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License No: \_\_\_\_\_ (Please provide a copy)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or (Passport No. for Non-U.S. Citizens)

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMPLOYMENT HISTORY

**Please list your employment history for the past 5 years, beginning with the most recent and working back in time. Also include any periods of unemployment during this time.**

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ From: \_\_\_\_\_ To Present

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**RESIDENCE HISTORY**

Please list your residence history for the past 5 years. Begin with the most recent and work back in time, with no gaps in time.

From: \_\_\_\_\_ To: Present

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**RELEVANT INDUSTRY EXPERIENCE**

Are you currently doing business in the physical industrial/precious metals industry? YES \_\_\_ NO \_\_\_

Are you currently selling financed (leveraged) physical industrial/precious metals? YES \_\_\_ NO \_\_\_

Are you currently using a physical commodity clearing firm to facilitate your trading activity? YES \_\_\_ NO \_\_\_

If your answer is "Yes":

- Which firm do you use? \_\_\_\_\_
- What is the approximate loan amount with your present clearing firm? \_\_\_\_\_
- If approved, do you intend to continue using your present clearing firm? YES \_\_\_ NO \_\_\_

How many sales representatives do you currently employ? \_\_\_\_\_

What is your average monthly Opening sales volume? \_\_\_\_\_

Have you ever held a commodities or securities license? \_\_\_\_\_, if yes what license and what #? \_\_\_\_\_

**LEGAL HISTORY**

**A. For the purposes of the following questions, the term "you" means not only you personally, but any firm in which you were/are an Officer, Director, General Partner, Sole Proprietor, or a 10% or more Shareholder of the firm.**

**B. For each “Yes” answer, the following additional information must be provided:**

- 1) When the event occurred;
- 2) Parties to the proceeding;
- 3) Circumstances involved;
- 4) Final determination/disposition and date if any; and
- 5) Copy of all applicable documents (i.e., Complaint, Final Order, Verdict, Settlement, Disposition and any Sentence or Sanctions imposed).

Have you ever been named in a customer complaint, civil litigation, arbitration, reparation claim or general lawsuit in connection with an investment-related activity? YES \_\_\_ NO \_\_\_

Have you ever been convicted of a crime? (Other than a routine traffic offense) YES \_\_\_ NO \_\_\_

Have administrative proceedings ever been brought against you by any government body, regulatory authority, or agency? YES \_\_\_ NO \_\_\_

Have you ever been permanently or temporarily restrained or enjoined from engaging in any conduct, practice, or operation? YES \_\_\_ NO \_\_\_

Do you currently have any unresolved bankruptcy proceedings pending? YES \_\_\_ NO \_\_\_

Are there any outstanding judgments pending against you? YES \_\_\_ NO \_\_\_

Have you ever been denied a license or registration to conduct business, or have you ever had such a license or registration revoked or suspended? YES \_\_\_ NO \_\_\_

Have you ever been the subject of a denial, payout, or revocation of coverage by any Bonding or Surety company? YES \_\_\_ NO \_\_\_

Are you the subject of a pending investigation by any government body, regulatory authority, agency, or any other regulatory association? YES \_\_\_ NO \_\_\_

**\*\*\*\*\* CERTIFICATION \*\*\*\*\***

I, \_\_\_\_\_, do hereby certify that I am a Principal for \_\_\_\_\_;

**and I further certify that the foregoing Information Statement and all of the supporting documentation is true and correct to the best of my knowledge and ability. I further acknowledge that providing false information herein may serve as grounds for termination of my relationship with Hunter Wise Commodities. Additionally, this will serve as authorization for Hunter Wise Commodities to do whatever background investigation is necessary for the approval of this application. (Hunter Wise Commodities does not conduct credit checks on Applicants).**

**DATED: This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_**

**Signature \_\_\_\_\_ Printed Name \_\_\_\_\_**

