



KYC Flow Procedures:

ICHOR OIL

Know Your Customer (KYC) Worksheet

Prior to assigning any new client account number we must perform our due diligence in connection with ICHOR OIL's "Know Your Customer Procedures". This is in accordance with the USA Patriot ACT OF 2001. The Client must agree to provide such information to ICHOR OIL as may be requested under the banking and securities laws of the United States or other jurisdictions relating to "Know Your Customer" and anti-terrorism / anti-money laundering prevention rules and regulations (collectively, the "KYC Requirements"). For purposes of this section, and in connection with all applicable KYC Requirements, the "client" or "customer" of ICHOR OIL further represents that each will perform all obligations required under applicable KYC Requirements with respect to its "customers" (as defined in the KYC Requirements) and that, because these customers do not constitute "customers" or "clients" of ICHOR OIL under such applicable rules and regulations, ICHOR OIL is under no such similar obligations.

Please complete the attached General Information Form and provide us with the following:

FOR CORPORATIONS:

1. A copy of the document(s) confirming the existence of the business (e.g. Articles of Incorporation, Association Documentation, Business License, etc.)

In addition we will need one of the following items:

1. A Copy of your Company's Annual Report or CPA letter stating the company is in compliance with all local and federal laws, taxes and banking regulations.
2. The general phone number for each Signatory so we can complete a verification call (please include this on the General Information Form)
3. If the Corporation is a foreign entity, all individual signatories must provide the requested "Individual" information as shown below.

FOR INDIVIDUALS SIGNING CONTRACTS WITH ICHOR OIL:

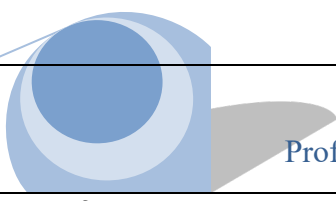
- 1 A copy of their U.S. government / or their country's issued identification document (e.g. drivers license and passport). For foreign individuals a copy of their native country's passport as issued to that individual.

In addition we will need one of the following items:

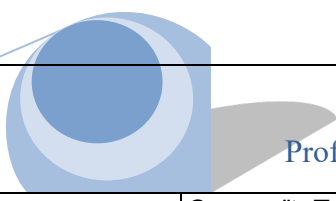
1. A personal phone number for each individual so we can complete a verification call (please include this on the General Information Form).
2. For foreign individuals, an additional document that matches the contact information shown on the Passport or other official identification document).
3. Corporate Profile.

Know Your Customer (KYC) Checklist - Institutions & Non-Individuals

The information on Section (A) and (B) must be obtained and retained for Institutions & Non-Individuals notably limited liability company, partnership, sole-proprietorships, non-governmental organizations (NGO), ministries, departments & agencies (MDAs), trusts and others (specify) including their authorized signatories*, principal beneficial owners, directors and persons* with control over the company's assets. (Note: *Control is determined as owners entitled to exercise or control the exercise of 30% or more of voting rights*)



| Section A- Basic Information Requirements Applicable to the New Client | | | |
|--|---|---|---|
| Full Legal Name of Signatory: | | | |
| Full Legal Name of Business: | | | |
| Full Legal Address of Business: | | | |
| Business Phone: | Business Fax: | Website: | Email: |
| Business Type (Tick appropriate box) | Corporation <input type="checkbox"/> | Partnership <input type="checkbox"/> | Sole-Proprietorship <input type="checkbox"/> |
| | L.L.C. <input type="checkbox"/> | LTD <input type="checkbox"/> | Other, specify: <input type="checkbox"/> |
| State / Country Incorporated: | | | |
| Other Countries With Corporate Presence: | | | |
| Nature of Business: | | | |
| Primary Products Traded/Sold: | Commodity Type: | | Monthly Volume: |
| | Commodity Type: | | Monthly Volume: |
| | Commodity Type: | | Monthly Volume: |
| | Commodity Type: | | Monthly Volume: |
| | Commodity Type: | | Monthly Volume: |
| Bank Name : | Bank Address: | | |
| Account Type: | SWIFT: | | |
| Bank Officer Information: | Name and Title: | Phone Number: | E-mail: |
| Years with Bank: | | | |
| Purpose of Commodity Trading Account with ICHOR OIL. | Specify purpose for opening the account: <input type="checkbox"/> End Buyer <input type="checkbox"/> Trader <input type="checkbox"/> Other, please specify: | | |
| Directors Names and Telephone Numbers for verification | Name/Title | Telephone | |
| | | | |
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|---|-----------------|-----------------------------|---|
| Anticipated Volume and Type of Activity: Customer's anticipated Volume and Type of Activity to be conducted across the account: | Commodity Type: | Anticipated monthly Volume: | Anticipated monthly Purchase Amount: \$ |
| | Commodity Type: | Anticipated monthly Volume: | Anticipated monthly Purchase Amount: \$ |
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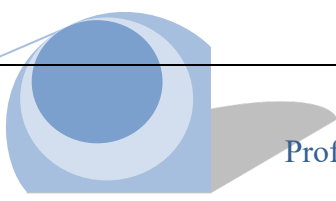
| | | | |
|---------------------------------|----------------------------|-----------------------------|-------------------------------|
| Contract Control Number: | D B Locator Number: | Product Code Number: | Lot / Contract Number: |
|---------------------------------|----------------------------|-----------------------------|-------------------------------|

Transaction Code Number:

Section B – (ICHOR OIL MANAGEMENT USE ONLY)
Mandatory Checks Applicable to the Account

| | | Name and Address Verification for corporate body | Tick the appropriate box | |
|----|-------------------------------|--|--|--|
| 1. | Alternate Verification | Trading address, if not the same as above official documents, is verified separately and evidence of verification documented on file? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Status Verification: | Name and registered address verified and supported by one of the following accepted documents <input type="checkbox"/> Certificate/Articles of Incorporation (USA) <input type="checkbox"/> Registrar of societies / business Association Certificate (foreign) <input type="checkbox"/> W9 <input type="checkbox"/> Banking information: <input type="checkbox"/> 3Year Audited Financials <input type="checkbox"/> Financials available if un audited <input type="checkbox"/> Website: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|----|--------------------------------|---------------|
| 3. | Additional Information: | NOTES: |
|----|--------------------------------|---------------|



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