

# Application: Voima Account for Kids

A4  
English



**VOIMA**



## 1. Personal Details of the Underaged Person


1.1. First name	1.3. Personal identification no. / Social security no. 	
1.2. Last name	1.4. Date of birth (dd/mm/yyyy) 	
1.5. Nationality (if multiple, please list all)	1.6. Country of birth	
1.7. Address (street, building, flat)		

1.8. Zip code	1.9. City	1.10. Country of residence
1.11. Email address (optional)		1.12. Phone number (optional)

1.13. Is the person a US person (in accordance with FATCA)?

No  
Yes

1.14. Is the person a politically exposed person (PEP) or a family member or a close associate of a PEP?

No  
Yes 

1.14.1. Describe whether the person is a PEP, or a family member or close associate thereof.

1.15. Main source(s) of the funds transferred into the Voima Account

- Savings of the guardian(s)
- Savings of the underaged person
- Salary of the guardian(s)
- Salary of the underaged person
- Investment income of the guardian(s) (capital gain, dividends etc.)
- Investment income of the underaged person
- Inheritance / gift
- Other (please specify) →

1.15.1. Other source(s) of funds

## 2. Details of the Guardians


### 2.1. Managing guardian

2.1.1. First name	2.1.3. Personal identification no. / Social security no. 
2.1.2. Last name	2.1.4. Date of birth (dd/mm/yyyy) 
2.1.5. Nationality (if multiple, please list all)	2.1.6. Country of birth

2.1.7. Address (street, building, flat)  Same as the underaged person's address

2.1.8. Zip code	2.1.9. City	2.1.10. Country of residence
2.1.11. Email address		2.1.12. Phone number

2.1.13. Are you a US person (in accordance with FATCA)?  
 No  
 Yes

2.1.14. Are you a politically exposed person (PEP) or a family member or a close associate of a PEP?  
 No  
 Yes 

2.1.14.1. Describe whether you are a PEP, or a family member or close associate thereof.

2.1.15. Main sources of the funds transferred into the Voima Account

- Savings
- Salary / employment
- Investment income (capital gains, dividends etc.)
- Ownership of a business or a sale of a business
- Inheritance / gift
- Other (please specify)

2.1.15.1. Other sources of funds





The underaged person has only one guardian

(As specified in section 2.1, please continue with section 3) →

## 2.2. Second guardian

2.2.1. First name		2.2.3. Personal identification no. / Social security no.	
2.2.2. Last name		2.2.4. Date of birth (dd/mm/yyyy)	
2.2.5. Nationality (if multiple, please list all)		2.2.6. Country of birth	
2.2.7. Address (street, building, flat)		<input type="checkbox"/> Same as the underaged person's address	

2.2.8. Zip code	2.2.9. City	2.2.10. Country of residence
2.2.11. Email address		2.2.12. Phone number

2.2.13. Are you a US person (in accordance with FATCA)?

No  
Yes

2.2.14. Are you a politically exposed person (PEP) or a family member or a close associate of a PEP?

No  
Yes ↘

2.2.14.1. Describe whether you are a PEP, or a family member or close associate thereof.

2.2.15. Main sources of the funds transferred into the Voima Account

- Savings
- Salary / employment
- Investment income (capital gains, dividends etc.)
- Ownership of a business or a sale of a business
- Inheritance / gift
- Other (please specify)

2.2.15.1. Other sources of funds

### 3. Payment Details

#### 3.1. Method of payment

Bank transfer to gold account

Bank transfer to euro account

Gold deposit to gold account

#### 3.2. Amount

 (grams)

#### 3.2.1. Currency

EUR

USD

GBP

CHF

SEK

NOK

DKK

**Note:**

The relevant fees apply. Voima's pricing can be found at [voimagold.com/pricing](https://voimagold.com/pricing)



## 4. Signatures

By signing this application, I, as the legal guardian of the underaged person specified in section 1 of this application, give my consent to opening the Voima Account.

Furthermore, by signing this application, the guardian specified in section 2.2. grants a full power of attorney and authorisation to the managing guardian who is specified in section 2.1. to be the guardian with full power of attorney to manage the Voima Account, for buying and selling gold and for making withdrawals (in gold and in euros) from the Voima Account, until the underaged person turns 18 years old. This power of attorney is governed by the laws of Finland without regard to conflicts of laws principles that would require the application of any other law.

By signing this form, I agree with the **terms of service** and **privacy policy** of Voima Gold Ltd. The documents can be accessed here: [www.voimagold.com](http://www.voimagold.com)

### 4.1. Managing guardian

4.1.1. **Signature**

4.1.2. **Name**

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4.1.3. **Place**

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4.1.4. **Date** (dd/mm/yyyy)

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### 4.2. Second guardian

4.2.1. **Signature**

4.2.2. **Name**

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4.2.3. **Place**

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4.2.4. **Date** (dd/mm/yyyy)

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## Contact

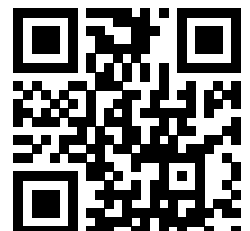
[contact@voimagold.com](mailto:contact@voimagold.com)

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Monday–Friday

09:00–16:30 Helsinki time

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