

# Section C

## Application Form for Warehouse Keeper Registration and Approval of Individual warehouse locations.

When completed and signed, this form needs to be returned to The MMTA Executive Team, 1st Floor, 33 Queen Street, London, EC4R 1BR, UK. Alternatively a scanned form can be sent to: [executive@mmta.co.uk](mailto:executive@mmta.co.uk)

Name of Wharf/Warehouse: .....

Address: .....

.....

.....

Telephone: ..... Fax: .....

Email: ..... Website.....

### 1. Company

a) Name of Warehouse (if partnership, full names of all partners):

.....

.....

b) When was the company established?

.....

c) Address of company:

.....

.....

d) Are you owners of the warehouse? If not, state the lessor and the terms of the lease:

.....

.....

e) Do you belong to any warehousing or similar associations? If so, please give details:

.....

.....

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- f) Are you fully customs licensed Yes [ ] No [ ]
- g) Do your working procedures conform to ISO standards Yes [ ] No [ ]

**2. Accommodation**

- a) Total enclosed storage space available for Minor Metals, Ferro Alloys, Precious Metals, Rare Earths, Minerals and Ores.....
- b) Address(es) of premises in which materials are to be accommodated:
  - I) .....
  - .....
  - II) .....
  - .....
  - III).....
  - .....
- c) Construction materials of: (continue on separate sheet if necessary)
  - Walls .....
  - Roofing .....
  - Floors .....
  - Boundary fencing and gates .....
- d) Number of Storeys .....
- (e) Extent of perimeter boundary fencing and type of security gates installed .....
- .....

**3. Facilities**

- a) For Weighing:
  - How many types of weighing scales? Please indicate the details of each scale, including the accuracy .....
  - .....
  - How frequently checked by staff .....
  - How frequently checked by independent company .....

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Date of last independent check .....

Name of last independent checking company .....

Can you supply detailed gross, tare and net weight certificates? Yes  No

Can you gross weigh parcels on receipt into store, in accordance with our warehouse criteria procedure? Yes  No

b) For Sampling:

Do you have facilities for repairing damaged packaging, e.g. drums, bags, barrels etc., to original sound condition? Yes  No

c) Do you have any cutting facilities? Yes  No

**4. Transport**

a) Is there direct access by

Road: Yes  No

Rail: Yes  No

Water: Yes  No

b) If no direct access, state location and distance to nearest:

Public Road: .....

Rail Head: .....

Quay: .....

**5. Security**

a) Nature of exterior doors and how secured:

.....

b) How are windows secured and protected?

.....

c) Is there an automatic alarm system? Yes  No

If yes, give details of system and how an alarm is raised and transmitted to the police:

.....

.....

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d) Is there an internal alarm system. If so, please give details

.....

e) Fire detection and prevention arrangements:

.....

f) Are there watchmen permanently on the premises when the warehouse is closed?

Yes [ ] No [ ]

If yes, how many? .....

If no, are the premises visited by security patrols? Yes [ ] No [ ]

If yes, please give details of period during which patrols operate and frequency of visits:

.....

g) Are floodlights used? Yes [ ] No [ ]

h) How often are physical checks made on goods in store?

.....

i) Additional security arrangements (information will be treated in strict confidence):

.....

..... (continue on separate sheets if necessary)

j) Have premises been surveyed by an insurance company? Yes [ ] No [ ]

If yes: How often are premises surveyed? .....

Date of last survey: .....

Insurers name and address: .....

k) How many CCTV cameras cover the entrance to the fenced perimeter and the outside and/or inside of the warehouse building(s) and also how long are these recordings kept?

.....

**6. Rate on Intake and/or Dispatch**

a) Approximate tonnage handled per week inwards: .....

b) Appropriate tonnage handled per week outwards: .....

c) Number of cranes: .....

**Section C** (continued)

- d) Number of fork-lift trucks: .....
- e) Do you have bundling/strapping facilities? Yes  No
- f) Can you handle all types of container traffic? Yes  No
- g) Do you have facilities for, and do you guarantee, securing loads within the container, particularly where different metals and materials are carried? Yes  No

**7. Warrants & Warehouse Receipts**

- |   | <u>Warrants</u>  | <u>Warehouse Receipts</u>                                |
|---|--|--|
| a) Do you issue the following?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) If yes, are they transferable?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Do you invariably insist on endorsement before giving delivery to a holder other than named on the Warrant or Receipt? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Do they clearly show that "Insurance is the responsibility of the Warrant (or Receipt) holder"?                        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) What specific controls are exercised over the handling and issuing of Warrants &/or Receipts? .....                    |  |  |
| .....   |  |  |
| f) <b>PLEASE SUBMIT</b> specimen copies of the Warrants & Warehouse Receipts currently in use.                            |  |  |

**8. Staff**

- a) Number of Partners/Directors: .....
- b) Number of warehouse staff: .....
- c) Number of office staff: .....
- d) Total number of staff: .....
- e) Number of employees with more than 10 years experience in the business: .....

**9. Stock Auditing**

- a) Is a physical stock audit carried out in full? Yes  No   
If yes, how often? .....

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- b) Have you also got your own audit department? Yes  No

If yes, give details and qualifications of the senior staff, and basis of audit: .....

.....

..... (continue on separate sheet if necessary)

**10. Insurance**

- a) Do you insure against the following. If yes, please give details

i) Loss through forged and/or fraudulent Warrants/Receipts. Yes  No

ii) Negligence/errors/omission of partners. Yes  No

iii) Negligence/errors/omission of directors and any other staff Yes  No

- b) Detail other risks insured: .....

- c) Do you cover any risks yourselves by way of provision in your Balance sheet?

Yes  No

If yes, please give details: .....

- d) Has the company sustained any loss as a direct result of any listed below?

i) Errors and/or omissions and/or negligence: Yes  No

If yes, give full details .....

ii) Fraud and/or dishonesty: Yes  No

If yes, give full details .....

- e) i) The MMTA requires warehouses to have in place indemnity insurance of at least US\$1,250,000.00 (or local currency equivalent at rates confirmed by the MMTA Committee) covering Fraud, Negligence or Unexplained Loss for any one occurrence.

**PLEASE SUBMIT** a copy of your company's indemnity insurance covering this clause, as without this document the warehouse's approval will not be considered.

ii) The warehouse needs to waive their right to 'Limited Liability' in respect of the above and the warehouse must confirm this in writing to the MMTA as well as to their insurers.

iii) The MMTA also requires written confirmation that any deductibles held back by the

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insurers will be settled directly by the warehouse.

Please note that the MMTA will write directly to your insurer requesting their confirmation of when they last carried out an inspection of the warehouse if this is not made clear on the insurance documents.

It is the warehouse’s responsibility to ensure that the MMTA is sent a copy of the relative insurance indemnity policy at each renewal.

f) Has any application for insurance made on behalf of the company for any risks in sections 10 a), b), c) and risks and perils to the premises ever been: (If yes, please give details)

- i) Declined Yes  No
- ii) Cancelled Yes  No
- iii) Refused at renewal Yes  No

**11. Balance Sheet**

**PLEASE SUBMIT** the latest statutory Report and Accounts of your company.

**12. Commercial Interests**

Has your company or its associated companies any commercial interests in the metal trade?

Yes  No

If yes, please give details: .....  
.....

**13. References**

Please give the names of two MMTA member companies who use your wharf/warehouse and who will propose / second your application (they may authorise MMTA Executive Team by email).

Proposer: .....  
.....

Seconded: .....  
.....

The Proposing Member and Seconding Member must not be related to the applicant or each other through common ownership or common directorship or similar.

## 14. Inspection & Documentation

By signing this document you accept that:

- i) The cost of inspection of wharf/warehouse will be for your account.
- ii) All relevant documents are to be in the English language, or must be accompanied by certified English translations.

## 15. Declaration of Warehouse:

We hereby warrant that all statements and particulars made after diligent inquiry are true and that we have not suppressed or misstated any material facts. In respect of MMTA Membership we hereby confirm that, upon being granted Registration and Approval, we shall apply to become an MMTA member and comply with the Warehouse Procedures for Member companies, which have been established and published by the Association. We hereby acknowledge that in the event of an unsuccessful MMTA membership application then MMTA warehouse approval is automatically withdrawn.

Signature of Director/Partner, who is deemed to be a person authorised to sign on behalf of the company.

(Name) ..... Date: .....

(Signature) .....

### REMINDER TO PLEASE SUBMIT:

- i) Specimen copies of the Warrants & Warehouse Receipts currently in use.
- ii) A copy of your company's indemnity insurance, waiver and written confirmation that any deductibles held back by the insurers will be settled directly by the warehouse.
- iii) The latest statutory Report and Accounts of your company.

Thank you!

<p><b>UPON COMPLETION PLEASE RETURN TO:</b></p> <p>MMTA Executive Team, 1st Floor, 33 Queen Street, London, EC4R 1BR, UK ,</p> <p>or Email: <a href="mailto:executive@mmta.co.uk">executive@mmta.co.uk</a> Tel: +44 (0)207 833 0237</p>
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### APPLICATION PROPOSER & SECONDER

(must be existing unconnected MMTA members and may authorise MMTA by email)

Proposed by: (signature).....Date: .....

(NAME IN CAPITALS).....Company: .....

Seconded by: (signature).....Date: .....

(NAME IN CAPITALS).....Company: .....