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|  | **Aktenzeichen:** | |  |
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|  | **Ansprechpartner im Unternehmen:** | |  |
|  | *Name:* | |  |
|  |  | |  |
|  | *Funktion:* | |  |
|  |  | |  |
|  | *Tel.-Nr.:* | |  |
|  |  | |  |
|  | *E-Mail-Adresse:* | |  |
|  |  | |  |
|  |  | |  |
|  |  | Hiermit erkläre ich mein Einverständnis damit, dass ich künftig auf elektronischem Kommunikationsweg (E-Mail) durch die Bezirksregierung Münster zum Zwecke der Geldwäscheprävention kontaktiert werde. |  |
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|  |  | |  |

Bezirksregierung Münster

Dezernat 34 - Geldwäscheprävention

Wählen Sie ein Element aus.

48143 Münster

**Auskunft nach § 52 Abs. 1 Geldwäschegesetz (GwG)**

**Risikoauskunft Edelmetallhändler**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 1. **Angaben zum angeschriebenen Unternehmen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * 1. **Bei dem Unternehmen handelt es sich um** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | **den Hauptsitz des Unternehmens.** | | | | | | | | | | | | | | | |  | | | Das Unternehmen verfügt über weitere Filialen/ Niederlassungen  *(Bitte Liste der weiteren Filialen beifügen.)* | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | **eine Filiale / Niederlassung des folgenden Unternehmens (Hauptsitz):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | Firmenname, Ort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * 1. **Beschäftigte im gesamten Unternehmen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Anzahl der Mitarbeiter (einschließlich Leitungspersonal) im gesamten Unternehmen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |
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|  | **Anzahl der Mitarbeiter (einschließlich Leitungspersonal) in den Bereichen Akquise, Kasse, Kundenbuchhaltung, Verkauf oder Vertrieb** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |
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|  | * 1. **Gehört das angeschriebene Unternehmen einer Unternehmensgruppe an?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | **Nein** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | **Ja** | | | | |  | Als Mutterunternehmen. (Bitte Übersicht über die Unternehmensgruppe beifügen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | | | | |  | Als Tochterunternehmen des folgenden Mutterunternehmens | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. **Angaben zum Geschäftsbetrieb** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * 1. **Güterhandel – Edelmetall** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * + 1. **Mit welchen Gütern handeln Sie?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * + 1. **Preisspanne der angebotenen Güter in EUR** (Brutto / von – bis) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * + 1. **In wessen Namen / auf wessen Rechnung erfolgt der Güterhandel?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | Im eigenen Namen | | | | | |  | | | | | Als Vermittler für | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * 1. **Weitere Geschäftsfelder des Unternehmens:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * 1. **Durchschnittlicher Jahresumsatz des Unternehmens (€):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
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|  | Wieviel Prozent des Umsatzes entfiel im letzten Wirtschaftsjahr auf den Handel mit Edelmetall? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |
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|  | * 1. **Welche Vertriebswege nutzen Sie für den Handel mit Edelmetall?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * 1. **Bargeldgeschäfte** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * + 1. **Bis zu welcher Höhe sind in Ihrem Unternehmen Bargeldgeschäfte möglich?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | In unbegrenzter Höhe. | | | | | | | | | | | | |  | Bis zu einer Höhe von | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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|  | * + 1. **Anzahl der Bargeldgeschäfte mit Bargeldannahme oder -abgabe ab 2.000 € pro Jahr:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 2020 | | | | | | | | | | | | 2021 | | | | | | | | | | | | | | | 2022 | | | | | | | | | | 2023 | | | | | | | | | | | | |  |
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|  | 1. **Angaben zu Ihren Kunden** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * 1. **Kundenkreis (Zutreffendes bitte ankreuzen - Mehrfachauswahl möglich)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | Natürliche Personen – ca. | | | | | | | | | | | |  | | | | % - und / oder - | | | | | | | | | | |  | | | Juristische Personen – ca. | | | | | | | |  | | | | | | % | | |  |
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|  |  | | Stammkundschaft – ca. | | | | | | | | | | | |  | | | | % - und / oder - | | | | | | | | | | |  | | | Laufkundschaft – ca. | | | | | |  | | | | | | % | | | | | |  |
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| 3. | * 1. **Zum Kundenkreis gehören auch Politisch exponierte Personen (PEP):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Ja | | | | |  | | | Nein |  | |
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|  | **3.3 Wohn- bzw. Unternehmenssitz der Kunden** (Zutreffendes bitte ankreuzen - Mehrfachauswahl möglich) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | Inland | | | | | |  | EU-Ausland | | | | | | | | | | | |  | Außerhalb der EU *(Länder bitte unten angeben)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. **Sonstige Hinweise /Anmerkungen (ggfs. auf gesondertem Blatt)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Ich versichere die Vollständigkeit und Richtigkeit meiner Angaben. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | *Ort, Datum* | | | | | | | | | | | | | | | | | | | | |  | *Firmenstempel* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | *Name (in Druckbuchstaben) und Unterschrift* | | | | | | | | | | | | | | | | | | | | |  |  | |
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|  | ***Anlagen*** *(z.B. Auszug aus dem Handelsregister, Kopie der Gewerbeanmeldung etc.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | *Stand: Januar 2024* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |