

**PMMC GOLD TRADING LICENCE  
MONTHLY RETURNS**

**NAME OF LICENCE HOLDER:**

**DATE OF FIRST LICENCE:**

**DATE OF LATEST RENEWAL**

**PERIOD OF RETURNS:**

LOT NUMBER	PERIOD OF PURCHASES	GROSS WEIGHT(GRAMS)	PURITY(%)	NET WEIGHT(GRAMS)	VALUE (GHS)	VALUE (\$)	PURCHASED FROM NAME/CONTACT	SOLD TO NAME/CONTACT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL								

**NOTE: PLEASE NOTE THAT THE RETURNS ARE TO BE FILED ON THE LICENCE HOLDER'S LETTERHEAD**

**AUTHORISED SIGNATORY:**

**NAME:**

**POSITION:**

**CONTACT AND EMAIL ADDRESS:**