

Enhanced Client Due Diligence (ECDD) Questionnaire

| CLIENT'S DETAILS | | | | |
|----------------------|--|----------|----------|---------------------|
| Main Account Holder | Full Name (as in NRIC/Passport, underline Last name) | | | NRIC / Passport No. |
| | Contact Details | (Mobile) | (Office) | (Home) |
| | Email Address | | | |
| Joint Account Holder | Full Name (as in NRIC/Passport, underline Last name) | | | NRIC / Passport No. |
| | Contact Details | (Mobile) | (Office) | (Home) |
| | Email Address | | | |

| ENHANCED APPLICANT DUE DILIGENCE DECLARATION | Main Account Holder | Joint Account Holder |
|---|---|---|
| a. Are you a citizen of, or do you have a registered/ mailing address in at least one of the following countries Afghanistan, Albania, Algeria, Andorra, Angola, Argentina, Azerbaijan, Bahamas, Bangladesh, Belarus, Belize, Benin, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, British Virgin Islands, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Côte d'Ivoire (Ivory Coast), Crime, Cuba, Cyprus, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, El Salvador, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Grenada, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Iran, Iraq, Jamaica, Jordan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Laos, Latvia, Lebanon, Lesotho, Liberia, Libya, Liechtenstein, Macedonia, Madagascar, Mali, Marshall Islands, Mauritania, Mexico, Moldova, Mongolia, Montenegro, Mozambique, Myanmar, Namibia, Nauru, Nepal, Nicaragua, Niger, Nigeria, Niue, North Korea, Pakistan, Panama, Papua New Guinea, Paraguay, Peru, Russian Federation, Rwanda, Saint Kitts and Nevis, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Somalia, Sri Lanka, Sudan, Swaziland, Syria, Tajikistan, Tanzania, The Seychelles, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Uganda, Ukraine, Uzbekistan, Vanuatu, Venezuela, Western Sahara, Yemen, Zambia and Zimbabwe | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| b. Are you, or is your employer or business involved in one of the following activities? Money changers; Remittance agents; Trusts/Trustees; Pawn owners / Pawnbrokers; Moneylenders: Casino (gaming); Corporate service providers – Owners / Partners; Jewels / Gems / Precious metals / Goldsmith / Silversmith; Art / Antique dealers; Auctioneer; Wine trader / dealer; Owners / Directors / Shareholders of night entertainment spots (e.g. bars, pubs, clubs, night clubs) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| c. POLITICALLY EXPOSED PERSON (“PEP”) DECLARATION Are you/your immediate family member/your Beneficial Owner previously/currently entrusted with prominent public functions* in Singapore or a foreign country, or is a close associate** of one who is/was entrusted with prominent public functions in Singapore or a foreign country? <small>** Prominent public functions* includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.</small> <small>*** Close associate** means a natural person who is closely connected to a politically exposed person, either socially or professionally.</small> If “Yes”, please provide the information of PEP Name of PEP: _____ Relationship with Main Account Holder: _____ Relationship with Joint Account Holder: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| If your answer to (a) and (b) is “Yes”, please complete Part A, C and D If your answer to (c) is “Yes”, please complete Part A, B, C and D For Financial Adviser Representative, please sign at the end of this questionnaire | | |

| PART A – SOURCE OF FUNDS / WEALTH |
|--|
| Please tick and answer all questions relevant to you 1. Business Profit <input type="checkbox"/> <input type="radio"/> |
| What is the name of the company and its country of incorporation? Please provide registration number if incorporated in Singapore. Please also indicate the year of incorporation or business commencement. M: _____ J: _____ |

Please describe the nature of the business and its operation.

In what capacity are you engaged in the businesses that have enabled you to receive profits?

M: _____
J: _____

2. Gift/Inheritance ☐ ☐

Who did you inherit the wealth from?

What is your relationship with the benefactor?

M: _____
J: _____

How was the wealth given to you generated? What type of wealth did you received? (e.g. Land, Securities, Company, Trusts, etc)

M: _____
J: _____

3. Investment Gains ☐ ☐

What is the source of your investment earnings? (e.g. reits, securities, unit trusts, bonds, etc)

M: _____
J: _____

What is the source of funds for the purpose of this account opening? Please identify the source if it did not come from you.

M: _____
J: _____

4. Real Estate Disposal ☐ ☐

Who does the real estate legally belongs to if the title deeds do not bear your name?

M: _____
J: _____

Type of real estate sold (e.g. private condominium, terrace house, HDB, etc). When was it sold?

M: _____
J: _____

5. Employment ☐ ☐

What is the name of your employer? In what industry is your employer in?

M: _____
J: _____

What is your profession, and your area of specialty?

M: _____
J: _____

How many years have you been in this line of work? How many years have you been with your employer?

M: _____
J: _____

6. Savings ☐ ☐

Please provide the name of your previous employer which contributed to the greatest share of your savings.

M: _____

J: _____

In which industry does the above-mentioned company belong to? What was your last position held?

M: _____

J: _____

How many years were you with the above-mentioned company?

M: _____

J: _____

PART B – POLITICALLY EXPOSED PERSON

Please tick and answer all questions relevant to you

1. Please indicate the name of your i) organization/employer and ii) your occupation/position.

If you are not the PEP, please indicate

i) the name of that immediate family member(s) or close associate(s) who is

ii) the name of his/her/their organization/employer and

iii) their occupation/position

M: _____

J: _____

2. Is there any expected receipt of large sums of monies from governmental bodies or state owned entities?

If "Yes", from who/where?

M: _____

J: _____

3. Will there be any usage of government account(s) as a source of funds for the purpose of transacting in your Havenport Investment Account?

M: _____

J: _____

PART C – ADDITIONAL INFORMATION

Please let us know if you have any other additional information that is relevant, but not previously disclosed.

M: _____

J: _____

PART D – ACCOUNT HOLDER(S) DECLARATION

I/we hereby declare and warrant that the information given in this form submitted to you is complete, true and accurate and that I/we have not willfully withheld any materials fact/information. I/we shall give Havenport Investments Pte. Ltd ("Havenport") written notice of any changes in my/our particulars. I/we acknowledge that I am/we are responsible for my/our tax affairs. I/we have not committed or been convicted of any tax crimes. I/we also declare that I/we are hereby consent to the Financial Adviser Representative and Havenport contacting me to obtain further information from me/us for the purpose of their compliance with the Notices and Guidelines on Prevention of Money Laundering and Countering the Financing of Terrorism. If any information is found false or misleading, or if the need to obtain further information is not met, I/we accept that Havenport may reject any of my/our application and/or instructions including but not limited to, any transactional-related activities. I/we consent to Havenport collecting, using and disclosing the information provided in this form.

Signature of Main Account Holder

Name of Main Account Holder

Date

Signature of Joint Account Holder

Name of Joint Account Holder

Date

I declare that this document has been duly completed by my client and the strictly confidential nature of the information provided will only be used for the purpose of the enhanced due diligence.

Risk Assessment

The money laundering risk for the Investor is:

Describe principal reason(s) for above risk determination:

Signature of Financial Adviser Representative

Name of Financial Adviser Representative

Date

FOR OFFICIAL USE**To be completed by Havenport Compliance Department:**

1. Are there any findings from internal screening? Please describe if so?

2. Are there any concerns if Havenport establishes or continues s business relationship with the applicant(s)?

3. Describe the source of fund/wealth of the applicant(s).

Are there inconsistencies across all available information and the source of fund/wealth?

4. Other remarks

Should the business relationship be established or continued?

☐ Yes ☐ No

Should the account be set to high-risk?

☐ Yes ☐ No

Comments by Head, Havenport Wealth:

| Reviewed By |
|---------------------------------|
| Signature of Compliance Manager |
| |
| Name of Compliance Manager |
| |
| Date |

| Approved By |
|-------------------------------------|
| Signature of Head, Havenport Wealth |
| |
| Name of Head, Havenport Wealth |
| |
| Date |