

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS		
Registered Name: STENA MARINE SINGAPORE PTE LTD		
Registered Address: 30 PANDAN ROAD SINGAPORE 609277		
Business Address:		<input checked="" type="checkbox"/> Same as Registered Address
Tel No.: 6653 7700	Fax No.: 6323 2766	Email: francene.fong@stena.com
Place of Registration: SINGAPORE	Date of Registration: 22 FEBRUARY 2013	Registration No.: 201304848N
Type of Entity: <input checked="" type="checkbox"/> Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Express Trust <input type="checkbox"/> Others (Please Specify): _____		
Purpose and Intended Nature of Account Relationship and/or Relevant Business Transaction Undertaken		
Provide information on the purpose and intended nature of the account relationship and/or relevant business transaction undertaken. Please also state whether the transaction is for money-changing and/or for remittance purposes. CASH TO MASTER (MONEY-CHANGING) FOREX DEAL (MONEY-CHANGING)		
SOURCE OF FUNDS		
<input type="checkbox"/> Bank Credit Line <input checked="" type="checkbox"/> Directors' / Shareholders' / Sole Proprietor's Investments <input checked="" type="checkbox"/> Others (Please Specify): <u>COMPANY FUNDS</u>		
POLITICALLY EXPOSED INDIVIDUALS: 1. Is the beneficial owner or has the beneficial owner ever been entrusted with prominent public functions, whether in Singapore, in a foreign country, or in an international organisation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Is the beneficial owner or has the beneficial owner ever been a parent/ step-parent/ step-child, adopted child/ spouse/ sibling/ step-sibling/ adopted sibling of anyone who is or has been entrusted with prominent public functions, whether in Singapore, in a foreign country, or in an international organisation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Is the beneficial owner or has the beneficial owner ever been closely connected, either socially or professionally with anyone who is or has been entrusted with prominent public functions, whether in Singapore, in a foreign country, or in an international organisation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you an agent acting on behalf of the customer? If yes, please complete the following:		
Name of Entity/Individual: (Please Circle)		
Address:		
Place of Registration/Nationality:	Registration No. /Identification No.:	Date of Registration/ Date of Birth:
Relationship between Agent and Client:	Basis of Authority (E.g Letter of authorisation or board resolution, please attach):	

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Great East Forex

Appointment of staff acting on behalf of company to trade with Great East Forex

1) AUTHORISED TRADING PERSONNEL		
Full Name: CHRISTOPHER CHER CHOON TECK	IC/Passport No.: S1658296D	Nationality: SINGAPORE CITIZEN
Email: christopher.cher@stena.com	Contact No.: 6653 7713	Job Title: DIRECTOR
Specimen Signature:		<input type="checkbox"/> Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name: MICHAEL CHEONG	IC/Passport No.: S1818542C	Nationality: SINGAPORE CITIZEN
Email: michael.cheong@stena.com	Contact No.: 6653 7714	Job Title: GROUP FINANCIAL CONTROLLER
Specimen Signature:		<input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries
3) AUTHORISED TRADING PERSONNEL		
Full Name: JEAN KOH WEN JING	IC/Passport No.: S7725302E	Nationality: SINGAPORE CITIZEN
Email: jean.koh@francoismarine.com	Contact No.: 6727 2224	Job Title: FINANCE MANAGER
Specimen Signature:		<input type="checkbox"/> Main Contact Person for GEF account enquiries

DECLARATION:

I/We have furnished the above information to the best of my knowledge, information and belief, and will duly inform Great East Forex in writing if there are any changes to be made to this form. I further confirm that the funds in relation to these transactions or account relationship are not derived from any criminal activities, tax evasion or intended for any criminal use.

AUTHORISING OFFICER		
Name of Director: CHRISTOPHER CHER CHOON TECK	IC/Passport No.: S1658296D	Nationality: SINGAPORE CITIZEN
Email: christopher.cher@stena.com	Contact No.: 6653 7713	<input type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director and Company Stamp:		Date: 01 APR 2018

DOCUMENT CHECKLIST	
<input type="checkbox"/>	Form completed and signed by Authorizing Director
<input type="checkbox"/>	Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of all the <u>Authorised Trading Persons</u>
<input type="checkbox"/>	Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>
<input type="checkbox"/>	Company business profile from ACRA of not later than 6 months

FOR GEF USE ONLY:	
Remarks:	Verified By:
	Date:

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1) AUTHORISED TRADING PERSONNEL		
Full Name: CHONG LI LING	IC/Passport No.: S8156226A	Nationality: SINGAPORE CITIZEN
Email: liling.chong@stena.com	Contact No.: 6653 7756	Job Title: ACCOUNTANT
Specimen Signature: <i>Chong Li Ling</i>		<input type="checkbox"/> Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name: FRANCENE FONG	IC/Passport No.: S1718707D	Nationality: SINGAPORE CITIZEN
Email: francene.fong@stena.com	Contact No.: 6653 7759	Job Title: ASSISTANT FINANCE MANAGER
Specimen Signature: <i>Francene Fong</i>		<input type="checkbox"/> Main Contact Person for GEF account enquiries
3) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
Email:	Contact No.:	Job Title:
Specimen Signature:		<input type="checkbox"/> Main Contact Person for GEF account enquiries

DECLARATION:

I/We have furnished the above information to the best of my knowledge, information and belief, and will duly inform Great East Forex in writing if there are any changes to be made to this form. I further confirm that the funds in relation to these transactions or account relationship are not derived from any criminal activities, tax evasion or intended for any criminal use.

AUTHORISING OFFICER		
Name of Director:	IC/Passport No.:	Nationality:
Email:	Contact No.:	<input type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director and Company Stamp:		Date:

DOCUMENT CHECKLIST	
<input type="checkbox"/>	Form completed and signed by Authorizing Director
<input type="checkbox"/>	Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of all the <u>Authorised Trading Persons</u>
<input type="checkbox"/>	Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>
<input type="checkbox"/>	Company business profile from ACRA of not later than 6 months

FOR GEF USE ONLY:	
Remarks:	Verified By:
	Date: