



Company's Particulars			
Registered Name: Lifeline Corporation Pte Ltd			
Registered Address: 14 Little Rd #07-01 SC 536987)			
Tel No.: 62892068	Fax No.: 62896086	Business No.: 199101028R	
Authorized Contact Persons:	Contact No.:	Job Title:	Nationality:
1. Yeo Chuan Siong, Melvin	-	Director	Singaporean
2. Lim Bee Hua, Ivy	-	Finance manager	"
3)			

Document Checklist for Opening New Company Account	
<input type="checkbox"/> Updated list of <u>Authorised Contact/Trading Persons</u>	Date Last Updated:
<input type="checkbox"/> Account Opening Form completed and signed by <u>Authorizing Director or Manager</u> (subject to approval)	
<input type="checkbox"/> Photocopy of identity card (or passport for non-Singaporean) with photograph of ALL the Authorised Trading Persons	
<input type="checkbox"/> Photocopy of identity card (or passport 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: <u>Sow Leng</u>
	Date: <u>3/11/18</u>

BLLC

Customer Particulars Form

KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS		
REGISTERED NAME: Lifeline Corporation Pte Ltd		
REGISTERED ADDRESS: 14 Little Road #07-01 Singapore 536987		
BUSINESS ADDRESS:		<input checked="" type="checkbox"/> SAME AS REGISTERED ADDRESS
TEL NO.: 62892068	FAX NO.: 62896096	EMAIL ADDRESS:
PLACE OF REGISTRATION: Singapore	DATE OF REGISTRATION: 9/3/1991	REGISTRATION NO.: 199101028R
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"/> OTHER LEGAL ARRANGEMENT (Please Specify): _____ <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.		
SOURCE OF FUNDS <input type="checkbox"/> BANK CREDIT LINE <input type="checkbox"/> DIRECTORS' / SHAREHOLDERS' / SOLE PROPRIETOR'S INVESTMENTS <input type="checkbox"/> OTHERS (Please Specify): Sales		
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:		

Customer Particulars Form KYC for Corporate & Trading Authorisation



大東外匯機構
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PLACE OF REGISTRATION/NATIONALITY:	REGISTRATION NO. /IDENTIFICATION NO.:	DATE OF REGISTRATION/ DATE OF BIRTH:
RELATIONSHIP BETWEEN AGENT(S) AND CLIENT:		BASIS OF AUTHORITY(E.g Letter of authorisation or Board resolution, please attach):

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

1) AUTHORISED TRADING PERSONNEL		
FULL NAME:	IC/PASSPORT NO.:	
YEO CHOON SIONG, MELVYN	S7207169G	
	NATIONALITY:	Singaporean
JOB TITLE:	SPECIMEN SIGNATURE:	
DIRECTOR		
2) AUTHORISED TRADING PERSONNEL		
FULL NAME:	IC/PASSPORT NO.:	
LIM BEE HUA	S7113269B	
	NATIONALITY:	Singaporean
JOB TITLE:	SPECIMEN SIGNATURE:	
FINANCE MANAGER		

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 or intended for any criminal use.

AUTHORISING OFFICER	NAME OF DIRECTOR	NRIC NO.:
	YEO CHOON SIONG, MELVYN	S7207169G
	SIGNATURE OF DIRECTOR AND COMPANY STAMP	DATE:
	 	3/11/17

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

FOR GEF USE ONLY:	
REMARKS:	VERIFIED BY:
	DATE: 04/11/17