

Customer Particulars Form KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS		
Registered Name: Four Seasons Hotel Singapore		
Registered Address: 190 Orchard Boulevard Singapore 248646		
Business Address:		<input type="checkbox"/> Same as Registered Address
Tel No.: 68317052	Fax No.: 67330657	Email: yongkiong.yeow@fourseasons.com
Place of Registration: Singapore	Date of Registration: 19/06/1987	Registration No.: 198701738G
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.		
SOURCE OF FUNDS		
<input type="checkbox"/> Bank Credit Line <input checked="" type="checkbox"/> Directors' / Shareholders' / Sole Proprietor's Investments <input type="checkbox"/> Others (Please Specify): _____		
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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Appointment of staff acting on behalf of company to trade with Great East Forex

1) AUTHORISED TRADING PERSONNEL

Full Name: Tay Chiew Keng (Shirley)_	IC/Passport No.: S2705136G	Nationality: Singaporean
Email: Shirley.tay@fourseasons.com	Contact No.: 68317077	Job Title: General Cashier
Specimen Signature: 		<input type="checkbox"/> Main Contact Person for GEF account enquiries

2) 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

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: Yeow Yong Kiong	IC/Passport No.: S7500627F	Nationality: Singaporean
Email: yongkiong.yeow@fourseasons.com	Contact No.: 68317052	<input type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director and Company Stamp:  FOUR SEASONS HOTEL SINGAPORE 190 Orchard Boulevard Singapore 248646 Business Reg. No: 47940800M		Date:

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: