Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name:		
THIN MARGIN PRIVATE	LIMITED	
Registered Address:		
1 COLEMAN STREET #10	-06 THE ADELPHI SINGAPOR	RE 179803
Business Address:		☐ Same as Registered Address
Tel No.: +65 98347128	Fax No.:	Email: hello@thinmargin.com
Place of Registration:	Date of Registration:	Registration No.:
SINGAPORE	27-09-2016	201626430R
Type of Entity:		
Company.	Colo Durantetandia	D. Bartanaskin
│	☐ Sole Proprietorship	☐ Partnership
☐ Limited Liability Partnership	☐ Express Trust	
✓ Others (Please Specify): EXE	MPTED PRIVATE LIMITED B	Y SHARES
Purpose and Intended Nature of Accou	nt Relationship and/or Relevant Bus	ness Transaction Undertaken
		onship and/or relevant business transaction undertaken.
Please also state whether the transaction	on is for money-changing and/or for re	mittance purposes.
MONEY-CHANGING		
SOURCE OF FUNDS		
☐ Bank Credit Line	Directors' / Shareholders' /	Sole Proprietor's Investments
Others (Please Specify):		
POLITICALLY EXPOSED INDIVIDUALS:		
Is the beneficial owner or has in a foreign country, or in an i		sted with prominent public functions, whether in Singapore,
	of anyone who is or has been entruste	ent/ step-parent/ step-child, adopted child/ spouse/ sibling/d with prominent public functions, whether in Singapore, in
	with prominent public functions, whe	y connected, either socially or professionally with anyone ther in Singapore, in a foreign country, or in an international
☐ Yes	√ No	
Are you an agent acting on behalf of th	ne customer? If ves Inlease complete	the following:
Name of Entity/Individual: (Please Circle		ine joilettiligi
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 o	f authorisation or board resolution, please attach):

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1) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
TAN JIN	S8935038G	SINGAPOREAN
Email:	Contact No.:	Job Title:
TANJIN@THINMARGIN.COM	81633324	DIRECTOR
Specimen Signature:		Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
ALSTONE TEE JIA LOONG	S8813752C	SINGAPOREAN
Email:	Contact No.:	Job Title:
ALSTONETEE@THINMARGIN.COM	M 98389005	DIRECTOR
Specimen Signature:		
3) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
Email:	Contact No.:	Job Title:
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
DECLARATION: I/We have furnished the above information to the b writing if there are any changes to be made to this i		
I/We have furnished the above information to the b writing if there are any changes to be made to this J relationship are not derived from any criminal active	form. I further confirm that the fu	nds in relation to these transactions or account
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I/We have furnished the above information to the b writing if there are any changes to be made to this y relationship are not derived from any criminal active AUTHORISING OFFICER Name of Director:	form. I further confirm that the fui ities, tax evasion or intended for a IC/Passport No.:	nds in relation to these transactions or account my criminal use. Nationality:
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