## **Enhanced Customer Due Diligence (ECDD) Questionaire**



Know Your Customer, Anti-Money Laundering and Counter Financing of Terrorism  Kindly fill up the following ECDD questionnaire so as to comply our obligations as prescribed by MAS Notice 3001							
kindly fill up the following ECDD questionnaire so as to comply our obligations as prescribed by MAS Notice 5001							
Section A- General Information							
Registered Name:							
STAR SHIPPING AGENCIES (S) PTE LTD							
Business Activities							
SHIPPING							
Purpose Of Business Transactions With Great East Forex							
MONEY CHANGING							
Mode Of Payment For Forex Transaction							
☐ Cash ☑ Corporate Cheque ☐ Bank Transfer							
Overseas Branches / Offices / Subsidaries							
☐ Yes No							
If Yes, Please List The Name Of Overseas Companies:							
Type Of Relationship With Customers							
□ Retail / Walk In □ Corporates □ Overseas Corporates							
Net Worth Of Company							
□ S\$ 500,000 □ S\$1,000,000 And Below ☑ Above S\$1,000,000							
Source Of Funds							
Bank Credit Line Directors' / Shareholders' / Sole Proprietor's Investments							
Others (Please Specify):							

Section B -Ownership and Management Information Please list the names of Sole Proprietor, Partner(s), Director(s), Shareholder(s) and Beneficial Owner(s) (if any) of your company.				
IC/Passport No.	Job Title			
	tor, Partner(s), Director(s), Shareholder(s) and			

## **Enhanced Customer Due Diligence (ECDD) Questionaire** For Money Changers and Remittance Agents



	Name	IC/Passport No.	Job Title		
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tic	on C - Know Your Customer Policy				
1.	Does your company perform any non-fac account relationship?	hat have not established	Yes No		
2.	Does your company deal with Shell Comp	anies?		Yes No	
3.	Does your company screen your custome	r for PEP (Politically Exposed Person)	status?	Yes V	
١.	Does your company transact with any PE			Yes V	
5.	Does your company identify and verify yo	ur customer and their beneficial own	ers?	Yes 🗸 N	
5.	Does your company keep proper records	of your customer and their beneficial	owners?	Yes V	
	Does your company perform Enhanced high risk customers?	☐ Yes ✓N			
	. Does your company check on your customer's source of fund /wealth and screen them against terrorist and sanction lists?				
3.		ner's source of fund /wealth and scre	en them against terrorist	∐ Yes ☑N	
tic	and sanction lists?  n D - General AML Policies, Practices and F	Procedures	0.00		
tic	and sanction lists?  n D - General AML Policies, Practices and F  Does your company have a written docum  Does your company have a designated Co	Procedures nent on AML/CFT Policies, Practices a	nd Procedures?	Yes No Yes No	
tio	and sanction lists?  n D - General AML Policies, Practices and F  Does your company have a written docum  Does your company have a designated Co the AML/CFT on a day to day basis?	Procedures  nent on AML/CFT Policies, Practices and Impliance Officer responsible for coor	nd Procedures? dinating and overseeing	Yes No	
tic	and sanction lists?  n D - General AML Policies, Practices and F  Does your company have a written docun  Does your company have a designated Co the AML/CFT on a day to day basis?  Does your company have processes in pla  Does your company have an internal auc	Procedures  nent on AML/CFT Policies, Practices and impliance Officer responsible for coor ce to prevent, detect and report susp dit function or other independent thi	nd Procedures? dinating and overseeing icious transactions?	☐ Yes ☑ No	
tic	and sanction lists?  In D - General AML Policies, Practices and Formula Does your company have a written document Does your company have a designated Conthe AML/CFT on a day to day basis?  Does your company have processes in plance processes in plance your company have an internal audit AML / CFT policies and practices on a regularity.	Procedures  nent on AML/CFT Policies, Practices and impliance Officer responsible for coor ce to prevent, detect and report susp dit function or other independent thi plar basis?	nd Procedures? dinating and overseeing icious transactions?	Yes No Yes No Yes No Yes No	
tic	and sanction lists?  n D - General AML Policies, Practices and F  Does your company have a written docun  Does your company have a designated Co the AML/CFT on a day to day basis?  Does your company have processes in pla  Does your company have an internal auc	Procedures  nent on AML/CFT Policies, Practices and impliance Officer responsible for coording to prevent, detect and report suspection of the suspection of	nd Procedures? dinating and overseeing icious transactions? rd party that assess the	Yes No Yes No Yes No Yes No	
tic	and sanction lists?  n D - General AML Policies, Practices and F  Does your company have a written docum  Does your company have a designated Co the AML/CFT on a day to day basis?  Does your company have processes in pla  Does your company have an internal auc  AML / CFT policies and practices on a regu  Does your company provide training to er  Does your company transact with custom  FATF or in countries of primary concerns	Procedures  nent on AML/CFT Policies, Practices and impliance Officer responsible for coordinate to prevent, detect and report suspilit function or other independent this lar basis?  Inployees regarding KYC/AML/CFT?  Iter in countries located in high risk justice as Iran, North Korea, Syria and couthorities? Please state, If any:  Iter (entities or individuals) who are a	nd Procedures? dinating and overseeing icious transactions? rd party that assess the risdictions as defined by other high risk countries	Yes No Yes No Yes No Yes No Yes No	
tic 1. 3.	and sanction lists?  In D - General AML Policies, Practices and Formula Does your company have a written documed Does your company have a designated Control of the AML/CFT on a day to day basis?  Does your company have processes in plandoes your company have an internal audura AML / CFT policies and practices on a regulation of the process your company provide training to end Does your company transact with custome FATF or in countries of primary concernsed designated by OFAC and FATF and local and Does your company transact with custome possible of the process of the p	Procedures  nent on AML/CFT Policies, Practices and Impliance Officer responsible for coordinate to prevent, detect and report suspilit function or other independent this lar basis?  Imployees regarding KYC/AML/CFT?  Iter in countries located in high risk just as Iran, North Korea, Syria and couthorities? Please state, If any:  Iter (entities or individuals) who are a natividuals? Please state, If any:  Inknotes obtained from Great East FN and all international regulations (in	and Procedures?  dinating and overseeing dicious transactions?  rd party that assess the distribution as defined by other high risk countries distribution and	Yes No	
1. 2. 3. 1. 5. 5. 3.	and sanction lists?  In D - General AML Policies, Practices and Formula Does your company have a written docume Does your company have a designated Cotthe AML/CFT on a day to day basis?  Does your company have processes in plandoes your company have an internal and AML / CFT policies and practices on a regula Does your company provide training to end Does your company transact with customerate of primary concerned designated by OFAC and FATF and local and Does your company transact with customerate all internationally sanctioned entities or in Does your company deal with supply barentities or countries sanctioned under U	Procedures  nent on AML/CFT Policies, Practices and Impliance Officer responsible for coordinate to prevent, detect and report suspilit function or other independent this lar basis?  Imployees regarding KYC/AML/CFT?  Iter in countries located in high risk just as Iran, North Korea, Syria and couthorities? Please state, If any:  Iter (entities or individuals) who are a natividuals? Please state, If any:  Inknotes obtained from Great East FN and all international regulations (in	and Procedures?  dinating and overseeing dicious transactions?  rd party that assess the distribution as defined by other high risk countries distribution and	Yes No	

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## Enhanced Customer Due Diligence (ECDD) Questionaire

For Money Changers and Remittance Agents

Signature of Director and Company Stamp:



so as to determine the appropriate level of enhanced due diligence necessary for those categories of	
customers and transactions that the company has reason to believe pose a heightened risk of illicit	
activities at or through the company?	

## Declaration

In relation to the above we hereby confirm that:

- 1. All our transactions come from our business transactions which are of economic nature and have thoroughly investigated and satisfied ourselves that all our transactions are not in any way originating from Drug Trafficking, Money Laundering, Extortion, Arms, Terrorism of Terrorist Organisations, Tax Evasion or fraudulent means of any other illegal or immoral way and transacting party(ies) of these funds are very well known to us and they are not involved or engaged in such activities in any way.
- 2. We are fully aware of the consequences of handling such funds/transactions and assure that we are fully exercising all cautions and invariably following the guidelines provided by the authorities in this regard and maintaining proper record as required under MAS Notices 3001/other local or international Anti Money Laundering and Terrorist Financing Laws and Regulations.
- 3. We are not acting as any intermediary to any organization/country/person with links to terrorism, or person/company/organization declared bankrupt.
- 4. We are also fully aware of the consequences of handling Cash and Bear Negotiable Instrument and assure you that our customers are complied with the requirement of reporting regime about the movement of CBNI in Singapore.
- We have furnished the information to the best of our knowledge and will duly inform if there should be any changes declared in this from.

	Mary (S)	3H04/3/2	
Name of Director:	Vincent Chew So	oon Liang	
IC/Passport No.:	S1652384D		
Date:	18/04/2018		
Details of Compliand			
Compliance Officer	r (If Any)		
Full Name:		IC/Passport No.:	Nationality:
Email:		Contact No.:	Job Title:
Specimen Signature	2:		
FOR GEF USE ONLY			
Remarks:			Verified By:
			Date: