

for Remittance

Customer Information (Company)
For Internal Use only



大東外匯機構
Great East Forex

Company's Particulars			
Registered Name: SKS Books Warehouse			
Registered Address: 315 Outram Rd #09-03 Tan Bunn Liat Bldg SC 169070			
Tel No.: 6227 9700	Fax No.: 6221 4585	Business No.: Y8X5000C	
Authorized Contact Persons:	Contact No.:	Job Title:	Nationality:
1. Sindy Pang Siew Hong /	—	ALCS supervisor	S'porean
2. Theresa Goh Leng Jee /	—	Asst- mgr	11
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: Sow Leng
	Date: 18/1/17

Customer Particulars Form
KYC for Corporate & Trading Authorisation



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COMPANY'S PARTICULARS		
REGISTERED NAME: SKS BOOKS WAREHOUSE		
REGISTERED ADDRESS: 315 OUTRAM ROAD #09-03 TAN BOON LIAT BUILDING SINGAPORE 169074		
BUSINESS ADDRESS: <input checked="" type="checkbox"/> SAME AS REGISTERED ADDRESS		
TEL NO.: 62279700	FAX NO.: 622 14595	EMAIL ADDRESS: sindy@sksbooks.com
PLACE OF REGISTRATION: SINGAPORE	DATE OF REGISTRATION: 08/05/1993	REGISTRATION NO.: 48545000C
TYPE OF ENTITY:		
<input type="checkbox"/> COMPANY <input checked="" 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): _____		
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 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 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 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:		

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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.:	
SINDY PANG SIEW HONG	S13808581	
JOB TITLE:	NATIONALITY:	
ACCOUNTS SUPERVISOR	SINGAPOREAN	
	SPECIMEN SIGNATURE:	
2) AUTHORISED TRADING PERSONNEL		
FULL NAME:	IC/PASSPORT NO.:	
THERESA GOH	S1704661F	
JOB TITLE:	NATIONALITY:	
ASSISTANT MANAGER	SINGAPOREAN	
	SPECIMEN SIGNATURE:	

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.:
	THIO TSIU PO	S2179240C
	SIGNATURE OF DIRECTOR AND COMPANY STAMP	DATE:
		07/12/16

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
	27/2/17