Customer Particulars Form KYC for Corporate & Trading Authorisation



| COMPANY'S PARTICULARS | | | |
|--|------------------------------------|-------------------|--------------------------------------|
| Registered Name: C F SHARP SHIPPING AGENCIES PTE LTD | | | |
| Registered Address: | | | |
| 15 NEW BRIDGE ROAD SINGAPORE 059385 | | | |
| Business Address: | | | |
| Tel No.: 65367636 | Fax No.: 65367647 | Email Addı | ess: |
| Place of Registration: | Date of Registration: | Registration No.: | |
| SINGAPORE | 7 JULY 1959 | 1959 | 00103C |
| Type of Entity: | | | |
| ☐ Company ☐ Sole Proprietorship ☐ Partnership | | | |
| | | | |
| ☐ Limited Liability Partnership ☐ Express Trust | | | |
| 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. Plays a glas state whether the transaction is for many changing and/or for somittanes numbers. | | | |
| Please also state whether the transaction is for money-changing and/or for remittance purposes. | | | |
| | | | |
| | | | |
| SOURCE OF FUNDS Bank Credit Line | 5 5: 1/6 111 //6 | | |
| | | | |
| 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? | | | |
| □ Yes | 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? | | | |
| ☐ Yes | √ 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? | | | |
| ☐ Yes | ⊠ 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 N | lo.: | 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: KATHERINE KING Nationality: FILIPINO Specimen Signature: Job Title: ACCOUNTS EXECUTIVE **AUTHORISED TRADING PERSONNEL** Full Name: C/Passport No.: G6232079I Nationality: ROCELYN DEL ROSARIO SALVADOR FILIPINO Job Title: Specimen Signature: ASST. ACCOUNTS MANAGER Mahlad 3) AUTHORISED TRADING PERSONNEL Full Name: Sports 34F Nationality: SINGAPOREAN HO CHENG HOON Job Title: Specimen Signature: ASST. ACCOUNTS 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, tax evasion or intended for any criminal use. **AUTHORISING OFFICER** IC/Passport No.: Name of Director 306278268 ROGER JAMES STORE Signature of Director and Company Sta DOCUMENT CHECKLIST Form completed and signed by Authorizing Director Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of all the Authorised **Trading Persons** Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of Director(s) Company business profile from ACRA of not later than 6 months FOR GEF USE ONLY: Remarks: Verified By: Date: