## **Customer Particulars Form KYC for Corporate & Trading Authorisation**



COMPANY'S PARTICULARS		
Registered Name: STRAITS LINK SHIP AGENCIES & MANAGEMENT PTE LTD		
Registered Address: 43 Middle Road #04-00		
Boon 8ing Building S(188952)		
Boon 8ing Building S(188952)  Business Address: 61 Circular Road Same as Registered Address		
#00-01 S(049415)		
1el No.: 622×9938	Email Add bucho	ng@straitslink.com
I I	ate of Registration: Registration	
Singa pova  Type of Entity:	13t March 1986 1986	00408E
Type of Entity:		
☐ 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.		
Please also state whether the transaction is for money-changing and/or for remittance purposes.		
SOURCE OF FUNDS  Bank Credit Line Directors' / Shareholders' / Sole Proprietor's Investments		
,,		
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 as been entrusted with prominent public functions, whether in Singapore, in a foreign country, or in an international		
organisation?  □ Yes •••••••••••••••••••••••••••••••••••		
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 IC/Passport No.: Full Name: Tan Ngian Swee Nationality: Job Title: Specimen Signat e: Director 2) AUTHORISED TRADING PERSONNEL IC/Passport No. Tan Bee Hon Nationality: Job Title: Specimen Signatur le: Accounts Executive 3) AUTHORISED TRADING PERSONNEL Full Name: IC/Passport No. Nationality: Job Title: 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, tax evasion or intended for any criminal use. IC/Passport No.: 50009683J AUTHORISING OFFICER Name of Director TAN NGIAN SWEE Signature of Director and Company Stamp 30/10/2017 **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:

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