BPCL

* Same director as pendulum papress thes

Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS			
Registered Name: PENEX CON	NTAINER LINES PT	E LTD	
Registered Address: 237 ALEXA	NDRA ROAD # 04-	38	
	CIER, SINGAPORE		
Business Address:		Same as Registered Ad	dress
AS ABOVE			
64134008	No.: 64720388		@ penexlines.com
I	e of Registration:	Registration No.:	
SINGAPORE	4 FEBRUARY 2010	501003	2137M
Type of Entity:			
Company	☐ Sole Proprietorship [] Partnership	
☐ Limited Liability Partnership	☐ Express Trust		
☐ Others (Please Specify):			
Purpose and Intended Nature of Account Re	elationship and/or Relevant Busines	s Transaction Undertake	
Provide information on the purpose and inte	nded nature of the account relations	nip and/or relevant busine	
Please also state whether the transaction is j	for money-changing and/or for remi	tance purposes.	
MONEY-CHANGING			
SOURCE OF FUNDS			
☐ Bank Credit Line ☐	, on a control of or		S
Others (Please Specify): INTERIA	MONAL SHIPPING FRE	16HTS	
POLITICALLY EXPOSED INDIVIDUALS:		3000000	
Is the beneficial owner or has the land in a foreign country, or in an interr	peneficial owner ever been entruste pational organisation? No	l with prominent public fu	unctions, whether in Singapore,
	peneficial owner ever been a parent, yone who is or has been entrusted w ional organisation? No		
	peneficial owner ever been closely co prominent public functions, whethe No		
Are you an agent acting on behalf of the cu	stomer? If yes, please complete the	following:	
Name of Entity/Individual: (Please Circle)			
Address:	donnie. Holinie	(h(h(h))	
Place of Registration/Nationality:	Registration No. /Identification N	Date of Regi	stration/ Date of Birth:
Relationship between Agent and Client:	Basis of Authority (E.g Letter of a	thorisation or board reso	lution, please attach):

Customer Particulars Form KYC for Corporate & Trading Authorisation



Appointment of staff acting on behalf of company to trade with Great East Forex

1) AUTHORISED TRADING PERSONNEL	IC/Decement No.	
Full Name: MICHAEL WONG SING NGUONG	IC/Passport No.: 52590719A	
	Nationality: SINGAPOREAN	
OD TITLE: FINANCE MANAGER	Specimen Signature:	
	allo.	
2) AUTHORISED TRADING PERSONNEL		
full Name:	IC/Passport No.:	
	Nationality:	
ob Title:	Specimen Signature:	
3) AUTHORISED TRADING PERSONNEL		
ull Name:	IC/Passport No.:	
	Nationality:	
ob Title:	Specimen Signature:	
/We have furnished the above information to the best of my knowledge, information a vriting if there are any changes to be made to this form. I further confirm that the fund	s in relation to these transactions or account	
/We have furnished the above information to the best of my knowledge, information a vriting if there are any changes to be made to this form. I further confirm that the fund	Is in relation to these transactions or account or criminal use.	
DECLARATION: /We have furnished the above information to the best of my knowledge, information a viriting if there are any changes to be made to this form. I further confirm that the fund relationship are not derived from any criminal activities, tax evasion or intended for any AUTHORISING OFFICER Name of Director Name of Director and Company Line Signature o	ls in relation to these transactions or account v criminal use.	
We have furnished the above information to the best of my knowledge, information a viriting if there are any changes to be made to this form. I further confirm that the fund elationship are not derived from any criminal activities, tax evasion or intended for any AUTHORISING OFFICER Name of Director Signature of Director and Company Compa	IC/Passport No.: Date:	
We have furnished the above information to the best of my knowledge, information a viriting if there are any changes to be made to this form. I further confirm that the fund elationship are not derived from any criminal activities, tax evasion or intended for any AUTHORISING OFFICER Name of Director Signature of Director and Company Compa	IC/Passport No.: Date:	
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We have furnished the above information to the best of my knowledge, information a viriting if there are any changes to be made to this form. I further confirm that the fund elationship are not derived from any criminal activities, tax evasion or intended for any AUTHORISING OFFICER Name of Director Form completed and signed by Authorizing Director Photocopy of Identity Card (or Passport AND valid Working Pass for non-Sing Trading Persons	IC/Passport No.: Date: NOVEMBER 2017	
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We have furnished the above information to the best of my knowledge, information a viriting if there are any changes to be made to this form. I further confirm that the fund elationship are not derived from any criminal activities, tax evasion or intended for any AUTHORISING OFFICER Name of Director Form completed and signed by Authorizing Director Photocopy of Identity Card (or Passport AND valid Working Pass for non-Sing Trading Persons Photocopy of Identity Card (or Passport AND valid Working Pass for non-Sing Trading Persons	IC/Passport No.: Date: NOVEMBER 2017 Raporean) with photograph of all the Authorised	