Y

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



COMPANY'S PARTICULARS	COMPANY'S PARTICULARS						
REGISTERED NAME: City Planner Re Ltd							
REGISTERED ADDRESS: Block 4008 Techplace 1 Ang Mo Fio Ave 10							
REGISTERED ADDRESS: Block 4008 Techplace 1 Ang Mo Kio Ave 10 #01-04 (05 Singapore 569625							
BUSINESS ADDRESS:  SAME AS REGISTERED ADDRESS							
TEL NO .: 62543166	FAX NO.: 65541225	gary tand City planer. Sq					
PLACE OF REGISTRATION:	DATE OF REGISTRATION:	REGISTRATION NO.:					
2, bars		2013077146					
TYPE OF ENTITY:							
COMPANY	☐ SOLE PROPRIETORSHIP	☐ PARTNERSHIP					
☐ LIMITED LIABILITY PARTNERSHI	P	☐ EXPRESS TRUST					
OTHER LEGAL ARRANGEMENT (Please Specify):							
☐ OTHERS (Please Specify):							
	unt Relationship and/or Relevant Busine	ess Transaction Undertaken					
		ship and/or relevant business transaction undertaken.					
Please also state whether the transacti	on is for money-changing and/or for rem	ittance purposes.					
Remittance							
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 honoficial owner over been a	ntructed with prominent public functions, whether					
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						
<ul> <li>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?</li> <li>Yes</li> </ul>							
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:							

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PLACE	OF REGISTRATION/NATIONALIT	Y: REGISTRATION NO.	/IDENTIFICATION NO.:	DATE OF REGISTRATION/ DATE OF BIRTH:		
				BASIS OF AUTHORITY( E.g Letter of authorisation or Board resolution, please attach):		
	ntment of staff acting on be		with Great East Forex			
	UTHORISED TRADING PERSO	ONNEL				
FULL N	AN CHUN BENG	/		IC/PASSPORT NO.: STOZ (TTTT) NATIONALITY: S (N/JAPOR EAN)		
JOB TIT	16.			SPECIMEN SIGNATURE:		
JOB III	DIRECTOR			SPECIFIEN SIGNATURE.		
2) Al	UTHORISED TRADING PERSO	ONNEL		O Har.		
FULL N	FULL NAME:			IC/PASSPORT NO.:		
				NATIONALITY:		
JOB TIT	JOB TITLE:			SPECIMEN SIGNATURE:		
	SI	TAN (HUN) BE	- Interest	S70217747 / DATE: 17/11/2016		
DOCU	MENT CHECKLIST		1			
	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 <u>Authorised</u> <u>Trading Persons</u>					
	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>					
	☐ Company business profile from ACRA of not later than 6 months					
FOR G	EF USE ONLY:					
REMAI	RKS:			VERIFIED BY:		
				DATE: 17/15/16		