

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS

Registered Name:

OCEAN NETWORK EXPRESS (SINGAPORE) PTE LTD

Registered Address:

2 HARBOURFRONT PLACE, #06-01-03 BOA MERR. LYNCH HARBOURFRONT

Business Address:

☒ Same as Registered Address

S (098499)

Tel No.:

63701300

Fax No.:

63701305

Email:

Place of Registration:

SINGAPORE

Date of Registration:

3 AUG 2017

Registration No.:

2017 21993 Z

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.

Please also state whether the transaction is for money-changing and/or for remittance purposes.

Cash / Bonus to Ship Owners appointment.

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 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 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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大東外匯機構
Great East Forex

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

| | | |
|--|---------------------------------------|---|
| 1) AUTHORISED TRADING PERSONNEL | | |
| Full Name: <i>LEE LIN LHEN</i> | IC/Passport No.: <i>S7968301 I</i> | Nationality: <i>Malaysian / Singapore P.R.</i> |
| Email: <i>leslie.lee@one-line.com</i> | Contact No.: <i>6370 1366</i> | Job Title: <i>Manager - Finance</i> |
| Specimen Signature: | | <input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries |
| 2) AUTHORISED TRADING PERSONNEL | | |
| Full Name: <i>LO KEI WEI</i> | IC/Passport No.: <i>S8380505 F</i> | Nationality: <i>SINGAPOREAN</i> |
| Email: <i>ketwei.lo@one-line.com</i> | Contact No.: <i>6370 1368</i> | Job Title: <i>Executive-Accounts</i> |
| Specimen Signature: | | <input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries |
| 3) AUTHORISED TRADING PERSONNEL | | |
| Full Name: | IC/Passport No.: | Nationality: |
| Email: | Contact No.: | Job Title: |
| Specimen Signature: | | <input type="checkbox"/> Main Contact Person for GEF account enquiries |

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 | | |
| Name of Director: <i>Goh Geok Teck</i> | IC/Passport No.: <i>S1545607 H</i> | Nationality: <i>Singaporean</i> |
| Email: <i>geoktech.goh@one-line.com</i> | Contact No.: <i>6370 1300</i> | <input type="checkbox"/> Main Contact Person for GEF account enquiries |
| Signature of Director and Company Stamp: <i>Goh</i> | | Date: |

| | |
|-------------------------------------|--|
| DOCUMENT CHECKLIST | |
| <input checked="" type="checkbox"/> | Form completed and signed by Authorizing Director |
| <input checked="" 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 checked="" 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: