## Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name: EAS MARITIME AGENCIES	DTE LTD	
Registered Address:	FIELID	
	IERAH #05-07, E-CE	ENTRE @ REDHILL S(159471)
Business Address:		El Same as Registered Address
Tel No.:	Fax No.:	Email Address:
Defend Schares	65323883	operations@easmaritime.com.sg
Place of Registration:	Oate of Registration:	Registration No.:
SINGAPORE	01/08/1996	199605588H
Type of Entity:		
Company	Sole Proprietorship	Partnership
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Limited Liability Partnership	☐ Express Trust	
Others (Please Specify)		
Purpose and Intended Nature of Account		
Provide information on the purpose and Please also state whether the transaction		ionship and/or relevant business transaction undertaken.
		, ,
		APORE / TRANSACTIONS FOR SHIP'S
ALLOWANCE & CREW HOME	ALLOTMENT	
SOURCE OF FUNDS	The work and the property of the state of th	e t en tra-transferance
Bank Credit Line		Sole Proprietor's Investments
Others (Please Specify): PR	INCIPAL SHIPO	WNEK
POLITICALLY EXPOSED INDIVIDUALS:		
<ol> <li>Is the beneficial owner or has in a foreign country, or in an in</li> <li>Yes</li> </ol>		isted with prominent public functions, whether in Singapore,
	f anyone who is or has been entruste	ent/ step-parent/ step-child, adopted child/ spouse/ sibling/ed with prominent public functions, whether in Singapore, in
		ly connected, either socially or professionally with anyone other in Singapore, in a foreign country, or in an international
☐ Yes	x No	
Are you an agent acting on behalf of th	e customer? If ves. please complete	the fallowing:
Name of Entity/Individual: (Please Circle DS NORDEN A/S / FENWICK SHIPPING	)	
Address:	The second secon	
Place of Registration/Nationality:	Registration No. /identification	n No - Data of Basistration/ Data of Bioth.
riace or negistration/nationality:	negistration No. /Identification	n No.: Date of Registration/ Date of Birth:
Polationship hatusan Seast and Climit	Daggie pil Anthonomia de mit manne :	of subbasication of harpel devolution follows attacks.
Relationship between Agent and Client:	pass of Authority (c.g reffer	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

AUTHORISED TRADING PERSONNEL	
Full Name: LEE KUAN JEN SEBASTIAN	IC/Passport No.: S0135565A
	Nationality: SINGAPOREAN
Job Title:	Specimen Signature:
MANAGING DIRECTOR	han Jenhie
AUTHORISED TRADING PERSONNEL	
Full Name: MOHAMED HATTA BIN MUBARAK	IC/Passport No.: S1397584A
	Nationality: SINGAPOREAN
OPERATIONS MANAGER	Specimen Signature:
	7
3) AUTHORISED TRADING PERSONNEL	Trota and
Full Name: KHONG JUN MING MARCUS	IC/Passport No.: S8209643D
	Nationality: SINGAPOREAN
OPERATIONS EXECUTIVE	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.

AUTHORISING OFFICER	Name of Director LEE KUAN JEN SEBASTI	S0135565A
	Signature of Director and Company Stamp	Date: 06/11/2017

DOCUMENT CHECKLIST		
x	Form completed and signed by Authorizing Director	
X	Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of all the Authorised Trading Persons	
X	Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>	
X	Company business profile from ACRA of not later than 6 months	

FOR GEF USE ONLY:			
Remains	Ventied By		
	Date:		