

Customer Particulars Form  
KYC for Corporate & Trading Authorisation



大東外匯機構  
Great East Forex

COMPANY'S PARTICULARS

Registered Name:

INTEGRISEA PORT SHIPPING AGENTS AND LOGISTICS PTE LTD

Registered Address:

100 PASIR PANJANG ROAD #04-09 SINGAPORE 118518

Business Address:

☒ Same as Registered Address

Tel No.:

+65 6353 5083

Fax No.:

Email:

OPS@INTEGRISEA.SG.

Place of Registration:

SINGAPORE

Date of Registration:

19/07/2016

Registration No.:

201619733D

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.

MONEY CHANGING.

SOURCE OF FUNDS

- ☐ Bank Credit Line ☒ Directors' / Shareholders' / Sole Proprietor's Investments  
☒ Others (Please Specify): SHIP OWNER'S.

POLITICALLY EXPOSED INDIVIDUALS:

- 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
- 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
- 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)

- SAME AS ABOVE -

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

Full Name: <b>JAISELAN S/O VETRIVELU</b>	IC/Passport No.: <b>S 8528794 Z</b>	Nationality: <b>SINGAPOREAN</b>
Email: <b>OPS@INTEGRISEA.SG</b>	Contact No.: <b>81 81 1883</b>	Job Title: <b>OPERATIONS DIRECTOR.</b>
Specimen Signature: 		<input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries

2) AUTHORISED TRADING PERSONNEL

Full Name: <b>CHOCKALINGAM PRAGASAM</b>	IC/Passport No.: <b>S 2722 133 E</b>	Nationality: <b>INDIAN</b>
Email: <b>ACCOUNTS@INTEGRISEA.SG.</b>	Contact No.: <b>9 297 8945</b>	Job Title: <b>ACCOUNTS</b>
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: <b>JAISELAN S/O VETRIVELU</b>	IC/Passport No.: <b>S 8528794 Z</b>	Nationality: <b>SINGAPOREAN</b>
Email: <b>OPS@INTEGRISEA.SG.</b>	Contact No.: <b>81 81 1883</b>	<input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director and Company Stamp: 		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 checked="" type="checkbox"/>	Company business profile from ACRA of not later than 6 months

FOR GEF USE ONLY:

Remarks:

Verified by:

Date: