

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

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| COMPANY'S PARTICULARS | | |
| Registered Name: APOTHECA MARKETING PTE LTD | | |
| Registered Address: 63 HILLVIEW AVENUE #09-16 LAM SOON INDUSTRIAL BUILDING SINGAPORE 669569 | | |
| Business Address: | | <input checked="" type="checkbox"/> Same as Registered Address |
| Tel No.: 6760-3588 | Fax No.: 6760-3580 | Email: ghyong@apotheca.com.sg |
| Place of Registration: SINGAPORE | Date of Registration: 24 JULY 1980 | Registration No.: 198002617G |
| Type of Entity: | | |
| <input checked="" type="checkbox"/> Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Express Trust <input type="checkbox"/> 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. | | |
| FOR MONEY CHANGING AND/ OR REMITTANCE PURPOSE | | |
| SOURCE OF FUNDS | | |
| <input checked="" type="checkbox"/> Bank Credit Line <input type="checkbox"/> Directors' / Shareholders' / Sole Proprietor's Investments <input checked="" type="checkbox"/> Others (Please Specify): CASH | | |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Are you an agent acting on behalf of the customer? If yes, please complete the following: | | |
| Name of Entity/Individual: (Please Circle) N . A . | | |
| 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

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| 1) AUTHORISED TRADING PERSONNEL | | |
| Full Name: ANG GEOK HONG | IC/Passport No.: S2535392G | Nationality: MALAYSIAN |
| Email: ghyong@apotheca.com.sg | Contact No.: 6760-3588 | Job Title: DIRECTOR |
| Specimen Signature: | | <input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries |
| 2) AUTHORISED TRADING PERSONNEL | | |
| Full Name: YONG KANG ABNER | IC/Passport No.: S7911349B | Nationality: SINGAPORE |
| Email: abner@apotheca.com.sg | Contact No.: 6760-3588 | Job Title: GENERAL MANAGER |
| Specimen Signature: | | <input 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.

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|---|-------------------------------|---|
| AUTHORISING OFFICER | | |
| Name of Director: ANG GEOK HONG | IC/Passport No.: S2525392G | Nationality: MALAYSIAN |
| Email: ghyong@apotheca.com.sg | Contact No.: 6760-3588 | <input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries |
| Signature of Director and Company Stamp: APOTHECA MARKETING PTE. LTD. | | Date: 27 APRIL 2018 |
| DOCUMENT CHECKLIST | | |
| <input type="checkbox"/> Form completed and signed by Authorizing Director | | |
| <input 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 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:

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| Remarks: | Verified By: |
| | Date: |