

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS		
Registered Name: GS MARINE AGENCIES PTE LTD		
Registered Address: 6001 BEACH ROAD #20-01 GOLDEN MILE TOWER SINGAPORE 199589		
Business Address:		<input checked="" type="checkbox"/> Same as Registered Address
Tel No.: 6222 0628	Fax No.: 6299 1059	Email: ACCOUNTSDEPT@GSMARINESPORE.SG
Place of Registration: SINGAPORE	Date of Registration: 08/12/1999	Registration No.: 199907721H
Type of Entity:		
<input type="checkbox"/> Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" 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.		
FOREIGN EXCHANGE SERVICES		
SOURCE OF FUNDS		
<input type="checkbox"/> Bank Credit Line <input checked="" type="checkbox"/> Directors' / Shareholders' / Sole Proprietor's Investments <input type="checkbox"/> 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? <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)		
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: ANG LAY KHENG PATRICIA	IC/Passport No.: S1202731A	Nationality: SINGAPOREAN
Email: ACCOUNTSDEPT@GSMARINESPORE.SG	Contact No.: 62220628	Job Title: ACCOUNTS EXECUTIVE
Specimen Signature:		<input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries
2) 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
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: LIM GIM CHYE EDWARD	IC/Passport No.: S1191155b	Nationality: SINGAPOREAN
Email: EDWARDLIM@GSMARINESPORE.SG	Contact No.: 62220628	<input type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director:	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: