BWWU

## Customer Particulars Form KYC for Corporate & Trading Authorisation

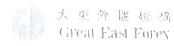
Relationship between Agent and Client:



COMPANY'S PARTICULARS Registered Names WORLDWIDE LINIX (S) PTE LTD Registered Address: 20 HARBOUR DRIVE #04-04A PSA VISTA S(117612) Business Address: Same as Registered Address Fax No.: 6266-9553 Tel No.: mary @ word. com.sg 627.2-2792 Date of Registration: Place of Registration: Registration No.: 199000745K 17-02-1990 SINGAPORE Type of Entity: Sole Proprietorship Partnership Company 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. CHANGING MONEY **SOURCE OF FUNDS** Bank Credit Line Directors' / Shareholders' / Sole Proprietor's Investments BUSINES REVENUE Others (Please Specify): 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 .Ø 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? ď Yes 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 Are you an agent acting on behalf of the customer? If yes, please complete the following: Name of Entity/Individual: (Please Circle) Address: Registration No. /Identification No. Date of Registration/ Date of Birth: Place of Registration/Nationality:

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  1) AUTHORISED TRADING PERSONNEL   |                            |   |
|--|----------------------------|---|
| Full Name: KUNDIKE TAKASHI   | 18/Passport No.: M21104076 | Nationality: JAPANESE                           |
| Konoike @ www.com.gy   | Contact No. 6272 - 2792    | Job Title: DIRECTOR                             |
| Specimen Signature:  |                            | ☐ Main Contact Person for GEF account           |
| 2) AUTHORISED TRADING PERSONNEL  |                            | enquiries                                       |
| Full Name: NG MARY   | IC/Passport No.: S1828656D | Nationality: SING/17 CRE                        |
| Email: mary & www. com.sg  | Contact No.: (272-2792     | Job Title: ADMIN MANAGER                        |
| Specimen Signature:  |                            | ☑ Main Contact Person for GEF account enquiries |
| 3) AUTHORISED TRADING PERSONNEL  |                            |   |
| Full Name:   | IC/Passport No.:           | Nationality:                                    |
| Email:   | Contact No.:               | Job Title:                                      |
| Specimen Signature:  |                            | ☐ 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:  Nationality: |                            |   |
| KONGIKE TAKKIHI  | MZ1104076                  | JAPANESE  |
| Email: Konsike @ WMI-com-sg  | Contact No.: (272-2792     | ☐ Main Contact Person for GEF account enquiries |
| Signature of Director and Company Stamp:   | (S. UHO)                   | Date:   |
| ( Jamo   |                            | 31-05-2018                                      |
| DOCUMENT CHECKLIST   |                            |   |
| Form completed and signed by Authorizing Director  |                            |   |
| Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of all the <u>Authorised</u> <u>Trading Persons</u>  |                            |   |
| Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>  |                            |   |
| Company business profile from ACRA of not later than 6 months  |                            |   |