

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS

REGISTERED NAME:

ARIEL MARITIME PTE LTD.

REGISTERED ADDRESS:

10 ANSON ROAD, 44-15 INTERNATIONAL PLAZA
SINGAPORE 079903

BUSINESS ADDRESS:

~~NOT~~ SAME AS REGISTERED ADDRESS

TEL NO.:

63254912
M: 81858481

FAX NO.:

63254417

EMAIL ADDRESS:

arielmpl@singnet.com.sg.

PLACE OF REGISTRATION:

SINGAPORE

DATE OF REGISTRATION:

14/10.2003

REGISTRATION NO.:

2003/0316H

TYPE OF ENTITY:

- ☒ COMPANY ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP
☐ LIMITED LIABILITY PARTNERSHIP ☐ EXPRESS TRUST
☐ OTHER LEGAL ARRANGEMENT (Please Specify): _____
☐ 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.

BUSINESS TRANSACTIONS

SOURCE OF FUNDS

- ☐ BANK CREDIT LINE ☒ DIRECTORS' / SHAREHOLDERS' / SOLE PROPRIETOR'S INVESTMENTS
☐ 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?
☐ Yes ☒ 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?
☐ Yes ☒ 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?
☐ Yes ☒ No

Are you an agent acting on behalf of the customer? If yes, please complete the following:

NAME OF ENTITY/INDIVIDUAL: (Please Circle)

ADDRESS:

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大東外匯機構
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| | | |
|---|---------------------------------------|--|
| PLACE OF REGISTRATION/NATIONALITY: | REGISTRATION NO. /IDENTIFICATION NO.: | DATE OF REGISTRATION/ DATE OF BIRTH: |
| RELATIONSHIP BETWEEN AGENT(S) AND CLIENT: | | BASIS OF AUTHORITY(E.g Letter of authorisation or Board resolution, please attach): |

Appointment of staff acting on behalf of company to trade with Great East Forex

| | | |
|--|-----------------------------|--------------------------|
| 1) AUTHORISED TRADING PERSONNEL | | |
| FULL NAME: BADIUR RAHMAN | IC/PASSPORT NO.: 60293484 T | NATIONALITY: BANGLADESHI |
| JOB TITLE: DIRECTOR | SPECIMEN SIGNATURE: | |
| 2) AUTHORISED TRADING PERSONNEL | | |
| FULL NAME: SHAIK SHEGUFTA RAHMAN | IC/PASSPORT NO.: G5780464 K | NATIONALITY: BANGLADESHI |
| JOB TITLE: | 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 or intended for any criminal use.

| | | |
|---------------------|---|----------------------|
| AUTHORISING OFFICER | NAME OF DIRECTOR BADIUR RAHMAN | NRIC NO.: 60293484 T |
| | SIGNATURE OF DIRECTOR AND COMPANY STAMP | DATE: 17/10/2017 |

| DOCUMENT CHECKLIST FOR OPENING NEW COMPANY ACCOUNT | |
|--|--|
| <input checked="" type="checkbox"/> | Account opening 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: |