Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS REGISTERED NAME:			
	MIN TRADING		
REGISTERED ADDRESS:	TO TEMOTION		
11, COLLYE	R QUAY, #02	2-35 THE ARCADE S-049317 SAME AS REGISTERED ADDRESS	
BUSINESS ADDRESS:		SAME AS REGISTERED ADDRESS	
TELNO.: 6536 6483	FAX NO.: 6536 6483	EMAIL ADDRESS:	
PLACE OF REGISTRATION: SIN WA POR E	DATE OF REGISTRATION: 30/11/1994	REGISTRATION NO.: 51917360 K	
TYPE OF ENTITY:			
☐ COMPANY	SOLE PROPRIETORSHIP	☐ PARTNERSHIP	
☐ LIMITED LIABILITY PARTNERSH	IP	□ EXPRESS TRUST	
☐ OTHER LEGAL ARRANGEMENT	(Please Specify):		
☐ OTHERS (Please Specify):			
Purpose and Intended Nature of Acco	ount Relationship and/or Relevant Busin	ness Transaction Undertaken	
Money Changing. Source of Funds BANK CREDIT LINE	DIRECTORS' / SHAREHOLD	DERS' / SOLE PROPRIETOR'S INVESTMENTS	
☐ OTHERS (Please Specify):		EKS / SOLE FROTRIETOR STRVESTMENTS	
POLITICALLY EXPOSED INDIVIDUALS:			
	has the beneficial owner ever been country, or in an international organ	entrusted with prominent public functions, whether nisation?	
spouse/ sibling/ step-sibli		a parent/ step-parent/ step-child, adopted child/ is or has been entrusted with prominent public n international organisation?	
	s been entrusted with prominent pu	closely connected, either socially or professionally ablic functions, whether in Singapore, in a foreign	
Are you an agent acting on behalf of	the customer? If yes, please complete to	he following: MO -	
NAME OF ENTITY/INDIVIDUAL: (Please			
ADDRESS			
ADDRESS:			

Page 1 of 2

Customer Particulars Form KYC for Corporate & Trading Authorisation



PLACE OF REGISTRATION/NATIONALITY:	registration no. /i		DATE OF REGISTRATION/ DATE OF BIRTH:
RELATIONSHIP BETWEEN AGENT(S) AND CLI	ENT:	BASIS OF AUTHORITY resolution, please att	(E.g Letter of authorisation or Board cach):
Appointment of staff acting on behalf o	<u> </u>	rith Great East Forex	
1) AUTHORISED TRADING PERSONNE			IC/DASSDORT NO
FULL NAME: MOHAMED YU	MO 2 H 130	BAKER	IC/PASSPORT NO.: S 2716606 G
			NATIONALITY: SING PPOREAN
OB TITLE: DEALER			SPECIMEN SIGNATURE:
2) AUTHORISED TRADING PERSONNE	L		- U
FULL NAME: HABEEB MOHAMED			IC/PASSPORT NO.: \$ 2761920 G
SADHIQUE BATCHA			NATIONALITY: INDIAN ISPR
OB TITLE: DEALER			SPECIMEN SIGNATURE:
			Sto
ABDI	DE DIRECTOR ABOUT OL KADER M URE OF DIRECTOR AND C	NEAH.	131N NRIC NO.: 521979556 DATE:
DOCUMENT CHECKLIST FOR OPENING NEV	V COMPANY ACCOUNT		× 98
☐ Account opening form completed	I and signed by Authorizi	ng Director	
☐ Photocopy of Identity Card (or va	lid Working Pass for non-	-Singaporean) with pho	otograph of all the <u>Authorised Trading Persons</u>
☐ Photocopy of Identity Card (or Pa	ssport for non-Singapore	ean) with photograph o	f <u>Director(s)</u>
☐ Company business profile from A	CRA of not later than 6 m	nonths	
FOR GEF USE ONLY			
REMARKS:			VERIFIED BY
			DATE: 16/SI
			DATE: 14/01

Page 2 of 2