

Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name: Carlton Hotel (Singapore) Pte Ltd		
Registered Address: 50 Raffles Place, #06-00 Singapore Land Tower, Singapore 048623		
Business Address: 76 Bras Basah Road, Singapore 189558		<input type="checkbox"/> Same as Registered Address
Tel No.: 63388333 (general line)	Fax No.: 63118124 (Accounts)	Email Address: siewkhim.chua@carltonhotel.sg
Place of Registration: Singapore	Date of Registration: 27 December 1972	Registration No.: 197201840D
Type of Entity: <input type="checkbox"/> Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Express Trust <input checked="" type="checkbox"/> Others (Please Specify): Pte Ltd		
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. We sell foreign currencies to Great East Forex. These foreign currencies are currencies transacted with hotel guests under our own money-changing licence.		
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) Not Applicable 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

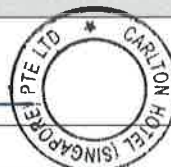
Appointment of staff acting on behalf of company to trade with Great East Forex

1) AUTHORISED TRADING PERSONNEL	
Full Name: Cheah Sau Yoong	IC/Passport No.: S2763048J
	Nationality: Malaysian / Singapore PR
Job Title: Accounting Officer - General Cashier	Specimen Signature:
2) AUTHORISED TRADING PERSONNEL	
Full Name:	IC/Passport No.:
	Nationality:
Job Title:	Specimen Signature:
3) AUTHORISED TRADING PERSONNEL	
Full Name:	IC/Passport No.:
	Nationality:
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, tax evasion or intended for any criminal use.

AUTHORISING OFFICER	Name of Director Financial Controller Chua Siew Khim	IC/Passport No.: S15611971
	Signature of Director and Company Stamp Financial Controller 	Date: 29 December 2017



DOCUMENT CHECKLIST	
<input 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 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:	
Remarks:	Verified By:
	Date: