

Customer Particulars Form
KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name: BALTIC SHIP SERVICES (S) PTE LTD		
Registered Address: 11, CHANGI NORTH STREET 1, #03-08, SINGAPORE 498823		
Business Address: <input checked="" type="checkbox"/> Same as Registered Address		
Tel No.: +65 69142695	Fax No.: 62960596	Email: mu2haffar@balticgrp.com
Place of Registration: SINGAPORE	Date of Registration: 04/11/2016	Registration No.: 201630302E
Type of Entity: <input checked="" type="checkbox"/> Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input 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.		
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: NO		
Name of Entity/Individual: (Please Circle) NO		
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: MUZHAFAR SHAHEEN	IC/Passport No.: S8816348F	Nationality: SINGAPOREAN
Email: muzhaffar@balticgrp.com	Contact No.: 81864562	Job Title: MANAGING DIRECTOR
Specimen Signature:		<input type="checkbox"/> Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name: SHAHEEDAH BANU	IC/Passport No.: S9427295E	Nationality: SINGAPOREAN
Email: finance@balticgrp.com	Contact No.: 90077576	Job Title: DIRECTOR
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: MUZHAFAR SHAHEEN	IC/Passport No.: S8816348F	Nationality: SINGAPOREAN
Email: muzhaffar@balticgrp.com	Contact No.: 81864562	<input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director and Company Stamp  		Date: 16/04/2018
DOCUMENT CHECKLIST		
<input type="checkbox"/> Form completed and signed by Authorizing Director		
<input 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: