

Customer Particulars Form KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS

Registered Name: **OASIA HOTEL DOWNTOWN, SINGAPORE**
100 PECK SEAH STREET

Registered Address: **SINGAPORE 079333**
TEL: 6812 6900 FAX: 6812 6999
BUSINESS REG NO. 53214173C

Business Address: ☐ Same as Registered Address

Tel No.: Fax No.: Email:

Place of Registration: *Singapore* Date of Registration: Registration No.:

Type of Entity:

- ☐ Company ☐ Sole Proprietorship ☐ Partnership
☐ 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.

SOURCE OF FUNDS

- ☐ Bank Credit Line ☐ Directors' / Shareholders' / Sole Proprietor's Investments
☐ 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 ☐ No
- 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
- 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:

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):

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
 Great East Forex

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

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| 1) AUTHORISED TRADING PERSONNEL | | |
| Full Name: <i>Susan Elizabeth C Kessler</i> | IC/Passport No.: <i>826004803</i> | Nationality: <i>Filipino</i> |
| Email: <i>susan.kessler@foreast.com.sg</i> | Contact No.: <i>91077141</i> | Job Title: <i>Finance Executive</i> |
| Specimen Signature: | | <input type="checkbox"/> Main Contact Person for GEF account enquiries |
| 2) 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 |
| 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.

| | | |
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| AUTHORISING OFFICER | | |
| Name of Director: <i>Chai Khye Yeian</i> | IC/Passport No.: <i>87577377C</i> | Nationality: <i>Singaporean</i> |
| Email: <i>ckyeian@foreast.com.sg</i> | Contact No.: <i>6812 6970</i> | <input type="checkbox"/> Main Contact Person for GEF account enquiries |
| Signature of Director: <i>[Signature]</i> | Company Stamp: | Date: <i>23 Apr 2018</i> |

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| 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 checked="" 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 |

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| FOR GEF USE ONLY: | |
| Remarks: | Verified By: |
| | Date: |