# Customer Information (Company) For Internal Use only



	Com	oamy's Parilleuir	ars	
Regist	ered Name: 0 SM Chin	manappmer	nt Pte Uto	1
Regist	ered Name: OSM Ship ered Address: 91 Ben widen	1 St #03	-02/03 Sur	shive Plaza
	5 (1896)			
Tel No	THE RESIDENCE OF THE PERSON OF		siness No.:	
	6593 7923 6221	3713	200513	192N
Autho	prized Contact Persons:	Contact No.:	Job Title.:	Nationality:
1.	l'un Hwee Lee	-	Ales	<pre>Sperean</pre>
2.				(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	USANIE ABNOVE SELENA VIOLENCE OF USA ZELENA ZEL		THE CONTROL OF SMILE	PACES STATEMENT
3)				
Chox 21V				
Docu	ment Checklist for Opening Nev	v Company Accou	unt	
	☐ Updated list of <u>Authorised Contact/Trading Persons</u> Date Last Updated:			ast Updated:
	Account Opening Form completed and signed by <u>Authorizing Director</u> or Manager (subject to approval)			
	Photocopy of identity card (or passport for non-Singaporean) with photograph of ALL the Authorised Trading Persons			
	Photocopy of identity card (or passport for non-Singaporean) with photograph of <u>Director(s)</u>			
	Company business profile from ACRA of not later than 6 months			
Bell Sylve		TREATICE SOSIEST ENGAGE	AUAIS III ANN ANN ANN ANN ANN ANN ANN ANN ANN	
The section is not a second	EF use only:		N	- J. ban
Remarks:			Verifi	ed by: Sow leng
			Date:	Sow leng
				V V

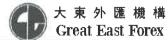
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# **Customer Particulars Form KYC for Corporate & Trading Authorisation**



COMPANY'S PARTICULARS				
REGISTERED NAME:	Ship Management	Pta Ltd		
REGISTERED ADDRESS: 91 Beve	culen Street #03-02	103 Suishine Plaza		
Sins	aprice 189652			
BUSINESS ADDRESS:	/	ET SAME AS REGISTERED ADDRESS		
TEL NO.:	FAX NO.:	EMAIL ADDRESS:		
65937923	62213713	betty-line osm. no		
PLACE OF REGISTRATION:	DATE OF REGISTRATION:	REGISTRATION NO.:		
Sirgipore	22/9/05	200513192H		
TYPE OF ENTITY:				
COMPANY	☐ SOLE PROPRIETORSHIP	☐ PARTNERSHIP		
	ES SOLL THOT HE FORSIM			
		EXPRESS TRUST		
	Please Specify):	<del></del>		
	nt Relationship and/or Relevant Busine			
Please also state whether the transaction	i intended nature of the account relation on is for m <u>oney-ch</u> anging and/or for rem	ship and/or relevant business transaction undertaken. ittance nurnoses		
	<del></del>			
Money changing	and Remittanu			
SOURCE OF FUNDS  BANK CREDIT LINE	DIRECTORS' / SHAREHOLDE	RS' / SOLE PROPRIETOR'S INVESTMENTS		
☐ OTHERS (Please Specify):	*	, SSEE , NOT WELCH S HAVESTANDING		
POLITICALLY EXPOSED INDIVIDUALS:	<del></del>			
TOLITICALLY EXTOSED 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?  ———————————————————————————————————				
162	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	nternational organisation?		
3. Is the beneficial owner or h	has the beneficial owner ever been c	losely connected, either socially or professionally		
with anyone who is or has country, or in an internation		lic functions, whether in Singapore, in a foreign		
☐ Yes	No			
Are you an agent acting on behalf of th	e customer? If wes inlease complete the	following		
NAME OF ENTITY/INDIVIDUAL: (Please (		. Jonewing.		
,	,			
ADDRESS:				

## **Customer Particulars Form KYC for Corporate & Trading Authorisation**



PLACE OF REGISTRATION/NATION	ALITY: REGISTRATIO	N NO. /IDENTIFICATION NO.:	DATE OF REGISTRATION/ DATE OF BIRTH:	
RELATIONSHIP BETWEEN AGENT(S	T(S) AND CLIENT:  BASIS OF AUTHOR resolution, plea		DRITY( E.g Letter of authorisation or Board se attach):	
Appointment of staff acting or		trade with Great East Forex		
1) AUTHORISED TRADING PE			Light	
FULL NAME: Lin Hw.	ee lee /		NATIONALITY: Singaporein	
			NATIONALITY: Singaporein	
JOB TITLE: Accounts	E: Accounts Manager		SPECIMEN SIGNATURE:	
2) AUTHORISED TRADING PE	RSONNEL			
FULL NAME:			IC/PASSPORT NO.:	
			NATIONALITY:	
JOB TITLE:			SPECIMEN SIGNATURE:	
	SIGNATURE OF DIRECTOR	R AND COMPANY STAMP	S 2610728H / DATE: 2 2 11	
		OSM OSM	PTE	
DOCUMENT CHECKLIST		To x a	<b>/</b>	
☐ Form completed and sig	ned by Authorizing Directo	or		
Photocopy of Identity C <u>Trading Persons</u>	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of all the <u>Authorised</u> <u>Trading Persons</u>			
☐ Photocopy of Identity C	ard (or Passport and valid V	Norking Pass for non-Singapore	ean) with photograph of <u>Director(s)</u>	
□ Company business profi	le from ACRA of not later t	han 6 months		
FOR GEF USE ONLY:				
REMARKS:			VERIFIED BY:	
			DATE: XXXIX	

#### **Personnel Update Form (Corporate)**



COMPANY'S PARTICULARS Registered Name:				
OS	M Ship Managemen	t Pte Ltd		
Registered Address: 91 Ben coolen 3treet #03/02-03 Sunshine Plaza				
Sii	189652			
Business Address:		Same As Registered Address		
Tel No.:	Fax No.:	Email Address:		
65937210	6221 3713	linda sukarni@ osm · no		

DOCUMENT CHECKLIST		
Account opening form completed and signed by Authorizing Director		
D)	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of all the <u>Authorised Trading Persons</u>	
	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>	

### **Personnel Update Form (Corporate)**



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

1) Authorised Trading	Personnel		
Full Name: Linda Sukarni		IC/Passport No.: \$ 7876802 I	
		Nationality: Indonesian	
Job Title:		Specimen Signature:	
Account	Manager	A Le	
2) Authorised Trading	Personnel		
Full Name: Chew Swee Cheng, Angelin		IC/Passport No.: \$8125793 J	
		Nationality: Singaporean	
Job Title:		Specimen Signature:	
Accounts Executive		M	
3) Authorised Trading	Personnel	, V,	
Full Name: Lim Hwee Lee		IC/Passport No.: \$7930549 I	
		Nationality: Singaporean	
Job Title:	Amalh	Specimen Signature:	
Business	Analyst	10	
with withing if there are	ove information to the best of my knowledge, information to the best of my knowledge, information to the made to this form. I further confirmation to derived from any criminal activities or intended for Name Of Director  Ng Man Wan  Signature Of Director And Company Stamp	n that the funds in relation to these transactions or any criminal use.  Nric No.:  \$2610728 H	
	18 ( ) SS	30/10/2017	
or Gef Use Only:			
emarks:		Verified By:	
		vermeu by.	
		Date:	