

Customer Particulars Form

KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS		
Registered Name: DASIN SHIPPING PTE. LTD.		
Registered Address: 8 SHENTON WAY AXA TOWER #46-03 SINGAPORE 068811		
Business Address:		<input checked="" type="checkbox"/> Same as Registered Address
Tel No.: 62219168	Fax No.: 63230286	Email Address: accounts@dasin.com.sg
Place of Registration: Singapore	Date of Registration: 30/11/1992	Registration No.: 199206464G
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:		
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):	

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

1) AUTHORISED TRADING PERSONNEL	
Full Name: ZHOU KONG QIN	IC/Passport No.: 56869024B Nationality: SINGAPORE P.R.
Job Title: Senior Accounts Manager	Specimen Signature:
2) AUTHORISED TRADING PERSONNEL	
Full Name: WONG JIN LY	IC/Passport No.: S9026370F Nationality: Singapore Citizen
Job Title: Accounts Executive	Specimen Signature:
3) AUTHORISED TRADING PERSONNEL	
Full Name: OH XIANH	IC/Passport No.: S8677730D Nationality: Singapore Citizen
Job Title: Accounts Manager	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 HOH SHOUJIANG	IC/Passport No.: S6860857J
	Signature of Director and Company Stamp 	Date: 10-11-2017

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: