

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

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|---|--|---|
| COMPANY'S PARTICULARS | | |
| REGISTERED NAME: Swisspro Pte Ltd | | |
| REGISTERED ADDRESS: 15 Jalan Kilang Barat. Frontech Centre #06-01 (159357) | | |
| BUSINESS ADDRESS: <input checked="" type="checkbox"/> SAME AS REGISTERED ADDRESS | | |
| TEL NO.: 62761005 | FAX NO.: 62761006 | EMAIL ADDRESS: acct@swisspro.sg |
| PLACE OF REGISTRATION: Singapore | DATE OF REGISTRATION: 20.12.2004 | REGISTRATION NO.: 200416556K |
| 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"/> OTHER LEGAL ARRANGEMENT (Please Specify): _____ <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. Money-changing and remittance | | |
| 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) N. A. | | |
| ADDRESS: | | |

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|--|--|--|
| PLACE OF REGISTRATION/NATIONALITY: Singapore | REGISTRATION NO. /IDENTIFICATION NO.: 2004 16556 K | DATE OF REGISTRATION/ DATE OF BIRTH: 20.12.2004 |
| RELATIONSHIP BETWEEN AGENT(S) AND CLIENT: | | BASIS OF AUTHORITY(E.g Letter of authorisation or Board resolution, please attach): |

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

| | | |
|--|--------------------------------------|----------------------------------|
| 1) AUTHORISED TRADING PERSONNEL | | |
| FULL NAME: Cynthia Preisig (Mrs) | IC/PASSPORT NO.: S7364546H | NATIONALITY: Swiss |
| JOB TITLE: Director / Accounts Assistant | SPECIMEN SIGNATURE: | |
| 2) AUTHORISED TRADING PERSONNEL | | |
| FULL NAME: Lu Hao Lie, Alvis | IC/PASSPORT NO.: G8289556L | NATIONALITY: Malaysian |
| JOB TITLE: Accounts Executive | 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 or intended for any criminal use.

| | | |
|---------------------|---|-------------------------------|
| AUTHORISING OFFICER | NAME OF DIRECTOR Marco Preisig | NRIC NO.: S2745336H |
| | SIGNATURE OF DIRECTOR AND COMPANY STAMP | DATE: 24/10/17 |

| DOCUMENT CHECKLIST FOR OPENING NEW COMPANY ACCOUNT | |
|--|--|
| <input checked="" type="checkbox"/> | Account opening 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 checked="" type="checkbox"/> | Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u> |
| <input checked="" type="checkbox"/> | Company business profile from ACRA of not later than 6 months |

| FOR GEF USE ONLY: | |
|-------------------|--------------|
| REMARKS: | VERIFIED BY: |
| | DATE: |