

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS

Registered Name:

FLAMELY LOGISTIC PTE LTD

Registered Address:

8. BODOK RESERVOIR VIEW, # 06-22 (S) 479255

Business Address:

02-13 NELSONS BLVD, 24 PECK SEAH STREET, 15107PSIX

☐ Same as Registered Address

Tel No.:

62245234

Fax No.:

62246484

Email:

flamefly@flamefly.com.sg

Place of Registration:

SINGAPORE

Date of Registration:

20/03/2004

Registration No.:

200403275N

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.

MONEY - CHANGING

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):

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大東外匯機構
Great East Forex

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

| | | |
|--|-------------------------------|--|
| 1) AUTHORISED TRADING PERSONNEL | | |
| Full Name: Mr. Stephen Wong Pui Nai | IC/Passport No.: S25890822 | Nationality: Singaporean |
| Email: flamely@flamely.com.sg | Contact No.: 96367466 | Job Title: Director |
| Specimen Signature: | | <input type="checkbox"/> Main Contact Person for GEF account enquiries |
| 2) AUTHORISED TRADING PERSONNEL | | |
| Full Name: Mr. Burt Lok Fung | IC/Passport No.: S13625657 | Nationality: Singaporean |
| Email: flamely@flamely.com.sg | Contact No.: 87934191 | Job Title: BOARDING EXECUTIVE |
| Specimen Signature: | | <input type="checkbox"/> Main Contact Person for GEF account enquiries |
| 3) AUTHORISED TRADING PERSONNEL | | |
| Full Name: Mr. Andy Gunt Burt | IC/Passport No.: S01610456 | Nationality: Singaporean |
| Email: flamely@flamely.com.sg | Contact No.: 87315615 | Job Title: Director |
| 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: Stephen Wong Pui Nai | IC/Passport No.: S25890822 | Nationality: Singaporean |
| Email: flamely@flamely.com.sg | Contact No.: 96367466 | <input checked="" type="checkbox"/> Main Contact Person for GEF account enquiries |
| Signature of Director and Company Stamp: | | Date: 26-01-2018 |

| | |
|---------------------------|--|
| 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 |

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