



Company's Particulars			
Registered Name: Wave Subsea Pte Ltd			
Registered Address: 81 Ubi Ave 4 #10-10 UB.one SC 8830)			
Tel No.: 68161490	Fax No.: -	Business No.: 201620253G	
Authorized Contact Persons:	Contact No.:	Job Title.:	Nationality:
1. Silvana Watoeng	-	Group Finance mpr	Indonesian
2.			
3)			

Document Checklist for Opening New Company Account	
<input type="checkbox"/> Updated list of <u>Authorised Contact/Trading Persons</u>	Date Last Updated:
<input type="checkbox"/> Account Opening Form completed and signed by <u>Authorizing Director</u> or Manager (subject to approval)	
<input type="checkbox"/> Photocopy of identity card (or passport for non-Singaporean) with photograph of ALL the Authorised Trading Persons	
<input type="checkbox"/> Photocopy of identity card (or passport 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: Son Lany
	Date: 12/11/14



under Wofz (WVS)

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



大東外匯機構  
Great East Forex

<b>COMPANY'S PARTICULARS</b>		
REGISTERED NAME: <b>WAVE SUBSEA PTE LTD</b>		
REGISTERED ADDRESS: <b>81 UBI AVENUE 4, #10-10 UB. ONE. SINGAPORE 408830</b>		
BUSINESS ADDRESS: <input checked="" type="checkbox"/> SAME AS REGISTERED ADDRESS		
TEL NO.: <b>6816-1490</b>	FAX NO.:	EMAIL ADDRESS: <b>finance@wavesubsea.com</b>
PLACE OF REGISTRATION: <b>SINGAPORE</b>	DATE OF REGISTRATION: <b>25-JULY-2016</b>	REGISTRATION NO.: <b>2016202936</b>
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):		
<b>Purpose and Intended Nature of Account Relationship and/or Relevant Business Transaction Undertaken</b> <i>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.</i> <b>BUSINESS EXPENSES, MANAGEMENT &amp; CONSULTANT PAYMENTS</b>		
<b>SOURCE OF FUNDS</b> <input type="checkbox"/> BANK CREDIT LINE <input type="checkbox"/> DIRECTORS' / SHAREHOLDERS' / SOLE PROPRIETOR'S INVESTMENTS <input checked="" type="checkbox"/> OTHERS (Please Specify): <b>BUSINESS INCOME</b>		
<b>POLITICALLY EXPOSED INDIVIDUALS:</b>  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		
<b>Are you an agent acting on behalf of the customer? If yes, please complete the following:</b>		
NAME OF ENTITY/INDIVIDUAL: (Please Circle)		
ADDRESS:		

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PLACE OF REGISTRATION/NATIONALITY:	REGISTRATION NO. /IDENTIFICATION NO.:	DATE OF REGISTRATION/ DATE OF BIRTH:
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*

<b>1) AUTHORISED TRADING PERSONNEL</b>		
FULL NAME:	IC/PASSPORT NO.:	
SILVANA WATOENG /	37677956 B /	
	NATIONALITY:	INDONESIAN
JOB TITLE:	SPECIMEN SIGNATURE:	
GROUP FINANCE MANAGER		
<b>2) AUTHORISED TRADING PERSONNEL</b>		
FULL NAME:	IC/PASSPORT NO.:	
	NATIONALITY:	
JOB TITLE:	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	NRIC NO.:
	LAKSHY SINGH /	S 82130481 /
	SIGNATURE OF DIRECTOR AND COMPANY STAMP	DATE:
	 	09-MAY-2017

<b>DOCUMENT CHECKLIST</b>	
<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

<b>FOR GEF USE ONLY:</b>	
REMARKS:	VERIFIED BY:
	DATE: