Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS				
Registered Name: HONG LAM MARINE PTE LT	ГD			
Registered Address:				
	UE DOWNTOWN 2, SINGAPOR	RE 068809		
Business Address:		☑ Same as Registered Address		
Tel No.:	Fax No.:	Email:		
+65 6333 6577	+65 6333 6077 finance@honglam.com.sg			
Place of Registration:	Date of Registration:	e of Registration: Registration No.:		
SINGAPORE	09 JULY 1981	09 JULY 1981 198103248W		
Type of Entity:				
✓ Company	☐ Sole Proprietorship	☐ Partnership		
☐ Limited Liability Partnership	☐ Express Trust			
☐ Others (Please Specify):				
Purpose and Intended Nature of Accou	int Relationship and/or Relevant Busin	ess 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.				
CASH ON BOARD				
SOURCE OF FUNDS				
Bank Credit Line Directors' / Shareholders' / Sole Proprietor's Investments				
Others (Please Specify): SHIPPING LINES				
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				
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?				
☐ Yes	☑ No			
Are you an agent acting on behalf of the customer? If yes, please complete the following:				
Name of Entity/Individual: (Please Circle	e)			
Address:				
Place of Registration/Nationality:	Registration No. /Identification	No.: Date of Registration/ Date of Birth:		
Relationship between Agent and Client:	lationship 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 compan 1) AUTHORISED TRADING PERSONNEL	y to trade with Great East Forex	
Full Name:	IC/Passport No.:	Nationality:
LAW SHIN YI	S8983018D	MALAYSIAN
Email:	Contact No.:	Job Title:
shinyi.law@honglam.com.sg	+65 6333 6577	ACCOUNT ASSISTANT
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
LIM SHI TONG	S9070532F	SINGAPOREAN
Email:	Contact No.:	Job Title:
shitong.lim@honglam.com.sg	+65 6333 6577	ACCOUNT ASSISTANT
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
3) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
ANG MEI LIAN	S7626029Z	SINGAPOREAN
Email:	Contact No.:	Job Title:
joey@honglam.com.sg	+65 6333 6577	SENIOR ACCOUNT EXECUTIVE
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
relationship are not derived from any criminal acti AUTHORISING OFFICER		
Name of Director:	IC/Passport No.:	Nationality:
YANG YUEN TSYR CAROLINE	S2188965B	SINGAPOREAN
Email:	Contact No.:	☐ Main Contact Person for GEF account
caroline@honglam.com.sg	+65 6333 6577	enquiries
Signature of Director and Company Stamp:		Date:
Meufon	HD.	3 1 JAN 2018
DOCUMENT CHECKLIST		
☐ Form completed and signed by Authoriz	zing Director	
Photocopy of Identity Card (or Passport Trading Persons	AND valid Working Pass for non-Singapo	rean) with photograph of all the <u>Authorised</u>
☐ Photocopy of Identity Card (or Passport	AND valid Working Pass for non-Singapo	rean) with photograph of <u>Director(s)</u>
☐ Company business profile from ACRA of	f not later than 6 months	
FOR GEF USE ONLY:		
Remarks:		Verified By: