

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



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS		
Registered Name: THE NUANCE GROUP (Singapore) Pte Ltd		
Registered Address: #038-002, Changi Airport Terminal 2, Singapore 819643		
Business Address: <input checked="" type="checkbox"/> Same as Registered Address		
Tel No.: 6501 1455	Fax No.: 6542 7516	Email:
Place of Registration: Singapore	Date of Registration: 1/4/2000	Registration No.: 200002780N
Type of Entity:		
<input checked="" type="checkbox"/> Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Others (Please Specify): _____		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Express Trust <input type="checkbox"/> Partnership		
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		
<input type="checkbox"/> Bank Credit Line <input type="checkbox"/> Directors' / Shareholders' / Sole Proprietor's Investments <input checked="" type="checkbox"/> Others (Please Specify): <u>Retail Sales</u>		
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: Soon Wei Lin	IC/Passport No.: S9300481G	Nationality: Singaporean
Email: WeiLin.Soon@sg.dufry.com	Contact No.: 65011453	Job Title: Accounts Assistant
Specimen Signature:		<input type="checkbox"/> Main Contact Person for GEF account enquiries

2) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
Email:	Contact No.:	Job Title:
Specimen Signature:		<input type="checkbox"/> Main Contact Person for GEF account enquiries

3) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
Email:	Contact No.:	Job Title:
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: Ranjith Kumar	IC/Passport No.: Z2493147	Nationality: Indian
Email: Ranjith.Kumar@ae.dufry.com	Contact No.:	<input type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director:	Company Stamp:	Date:

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: