



Company's Particulars				
Registered Name: Straits Marine Supply Pte Ltd				
Registered Address: 8 Shenton Way #38-02 AXA Tower SL 068811				
Tel No.: 64721241		Fax No.: 6221 3975		Business No.: 200305317D
Authorized Contact Persons:		Contact No.:	Job Title.:	Nationality:
1. Edita Grapci ✓		-	Director	Slovenian
2. Lau Wee Kim ✓		-	Marketing Manager	"
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: Sow Leng
	Date: 2/3/17

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



大東外匯機構  
 Great East Forex

COMPANY'S PARTICULARS		
REGISTERED NAME: STRAITS MARINE SUPPLY PTE LTD		
REGISTERED ADDRESS: 8 SHENTON WAY #38-02 AXA TOWER SINGAPORE 068811		
BUSINESS ADDRESS: 42 TUAS VIEW PLACE SINGAPORE 637543		<input type="checkbox"/> SAME AS REGISTERED ADDRESS
TEL NO.: 6472 1241	FAX NO.: 6221 3975	EMAIL ADDRESS: accounts@straitsmarinesupply.com
PLACE OF REGISTRATION: SINGAPORE	DATE OF REGISTRATION: 10/06/2003	REGISTRATION NO.: 200305317D
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> 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.		
<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): <u>TRADE BUSINESS</u>		
<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 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 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 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) NIL		
ADDRESS: NIL		

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



大東外匯機構  
 Great East Forex

PLACE OF REGISTRATION/NATIONALITY: <b>SINGAPORE</b>	REGISTRATION NO. /IDENTIFICATION NO.: <b>200305317D</b>	DATE OF REGISTRATION/ DATE OF BIRTH: <b>10/06/2003</b>
RELATIONSHIP BETWEEN AGENT(S) AND CLIENT: <b>NIL</b>		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: <b>EDITA GRAPCI</b>	IC/PASSPORT NO.: <b>S7782860E</b>	
	NATIONALITY: <b>SINGAPOREAN</b>	
JOB TITLE: <b>DIRECTOR</b>	SPECIMEN SIGNATURE: <i>[Signature]</i>	
<b>2) AUTHORISED TRADING PERSONNEL</b>		
FULL NAME: <b>LAU WEE KIM</b>	IC/PASSPORT NO.: <b>S797234F</b>	
	NATIONALITY: <b>SINGAPORE PR</b>	
JOB TITLE: <b>MARKETING MANAGER</b>	SPECIMEN SIGNATURE: <i>[Signature]</i>	

**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 <b>EDITA GRAPCI</b>	NRIC NO.: <b>S7782860E</b>
	SIGNATURE OF DIRECTOR AND COMPANY STAMP <i>[Signature]</i> 	DATE: <i>[Signature]</i>

DOCUMENT CHECKLIST	
<input checked="" 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 checked="" type="checkbox"/>	Company business profile from ACRA of not later than 6 months

FOR GEF USE ONLY:	
REMARKS:	VERIFIED BY: <i>[Signature]</i>
	DATE: <b>11/3/17</b>