

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS		
Registered Name: Village Hotel Changi		
Registered Address: 1 Netheravon Road Village Hotel Changi S 508502		
Business Address: 1 Netheravon Road Village Hotel Changi S 508502		<input type="checkbox"/> Same as Registered Address
Tel No.: 63797111	Fax No.: 6546 8884	Email:
Place of Registration: Singapore	Date of Registration: 13 July 2000	Registration No.: 52924341 E
Type of Entity: <input type="checkbox"/> Company <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Express Trust <input type="checkbox"/> Others (Please Specify): _____		
Purpose and Intended Nature of Account Relationship and/or Relevant Business Transaction Undertaken <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>		
SOURCE OF FUNDS <input type="checkbox"/> Bank Credit Line <input type="checkbox"/> Directors' / Shareholders' / Sole Proprietor's Investments <input type="checkbox"/> Others (Please Specify): _____		
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 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		
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: <i>Susan Elizabeth C Kessler</i>	IC/Passport No.: <i>S26004808</i>	Nationality: <i>Filipino</i>
Email: <i>suskessler@foreast.com.sg</i>	Contact No.: <i>91071141</i>	Job Title: <i>Finance Executive</i>
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: <i>Ramesh Kanesan</i>	IC/Passport No.: <i>S6836165 F</i>	Nationality: <i>Singapore</i>
Email: <i>rkanesan@foreast.com.sg</i>	Contact No.: <i>8319 7188</i>	<input type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director: <i>[Signature]</i>	Company Stamp: 	Date: <i>24/4/18</i>
DOCUMENT CHECKLIST		
<input type="checkbox"/> Form completed and signed by Authorizing Director		
<input checked="" 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:
	Date: