Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name:		
SHERAT	ON TOWERS SINGAPORE F	HOTEL
Registered Address:		
39 SCO1	TTS ROAD, SINGAPORE 228	3230
Business Address:		Same as Registered Address
Tel No.:	Fax No.:	Email:
68395923	67376749	joyce.yeo@sheratonsingapore.com
Place of Registration:	Date of Registration:	Registration No.:
SINGAPORE	04/02/1985	34053800k
Type of Entity:	04/02/1905	34033000K
, ypc ov chary,		
☐ Company	Sole Proprietorship	☐ Partnership
☐ Limited Liability Partnership	☐ Express Trust	
☐ Others (Please Specify):		
Purpose and Intended Nature of Accou	int Relationship and/or Relevant Ru	isiness Transaction Undertaken
		itionship and/or relevant business transaction undertaken.
Please also state whether the transaction		
SOURCE OF FUNDS		
☐ Bank Credit Line	☐ Directors' / Shareholders'	/ Sole Proprietor's Investments
Others (Please Specify): HOTE	EL'S GUEST	
POLITICALLY EXPOSED INDIVIDUALS:		
Is the beneficial owner or has	the handfield awar over been entr	rusted with prominent public functions, whether in Singapore
in a foreign country, or in an i		rusted with prominent public functions, whether in Singapore,
☐ Yes	⊠ No	
		arent/ step-parent/ step-child, adopted child/ spouse/ sibling/ ted with prominent public functions, whether in Singapore, in
a foreign country, or in an inte		ted with profitment public rationals, whether in singapore, in
☐ Yes	⊠ No	
3 Is the handicial owner or has	the handicial augus sucy been also	ally connected sither assignly or professionally with any ass
		ely connected, either socially or professionally with anyone nether in Singapore, in a foreign country, or in an international
organisation?	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Yes	⊠ No	
Are you an agent acting on behalf of th	ne customer? If yes, please complete	e the following:
Name of Entity/Individual: (Please Circle	e)	
Address:		
Place of Registration/Nationality:	Registration No. /Identification	on 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 1) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
YEO BEE HIANG	S1621546E	SINGAPORE
Email:	Contact No.:	Job Title:
		552 111151
joyce.yeo@sheratonsingapore.com	68395923	ACCOUNTING OFFICER
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
CHUA HUI SIANG	S6820010E	SINGAPORE
Email:	Contact No.:	Job Title:
joyce.yeo@sheratonsingapore.com	68395923	ACCOUNTS ASST.
Specimen Signature:		☑ Main Contact Person for GEF account enquiries
3) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
Email:	Contact No.:	Job Title:
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
writing if there are any changes to be made to this	form. I further confirm that the fun	
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal acti	form. I further confirm that the fun	ds in relation to these transactions or account
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I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal activationship are not derived from any criminal activationship are not derived from any criminal activation. AUTHORISING OFFICER Name of Director: LONG SIE FONG Email: steven.long@sheratonsingapore.com Signature of Director and Company Stamp: UNULLE DOCUMENT CHECKLIST Photocopy of Identity Card (or Passport Trading Persons	ing Director AND valid Working Pass for non-Sir	Nationality: SINGAPORE Main Contact Person for GEF accourt enquiries Date:
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