Customer Particulars Form KYC for Corporate & Trading Authorisation



Registered Address: Business Address: Fax No.: 6, 72 4, 6 7 8 Email Address: Company of the c			
Business Address: Where Same as Registered Address Tel No.: [1,2,3,4,4,4,4,5] Email Address:			
Business Address: Where Same as Registered Address Tel No.: [1,2,3,4,4,4,4,5] Email Address:			
Business Address: Where Same as Registered Address Tel No.: [1,2,3,4,4,4,4,5] Email Address:			
Tel No.: Fax No.: (,) = 6.7.8 Email Address			
Tel No.: Fax No.: 6, 226,0678 Email Address: Operation of the second commission of the second co			
Tel No.: 6, 224,0678 Email Address			
62230231 Grant Gomes and Com. Sol			
Place of Registration: Registration No.:			
Singreore 23/02/1982 1982 1982			
Type of Entity:			
Company Sole Proprietorship Partnership			
☐ Limited Liability Partnership ☐ Express Trust			
Others (Please Specify):			
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.			
SOURCE OF FUNDS			
Bank Credit Line Directors' / Shareholders' / Sole Proprietor's Investments			
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?			
□ Yes ☑ 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?			
☐ 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			
C Tes 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):			
Relationship between Agent and Client: Basis of Authority (E.g Letter of authorisation or board resolution, please attach):			

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1) AUTHORISED TRADING PERSONNEL



Appointment of staff acting on behalf of company to trade with Great East Forex

Full Name:		IC/Passport No.: 5 /77/19 4 4 2	
Seetha kranmi Kolyan Kumas		Nationality: Specimen Signature:	
Job Title		Specimen Signature:	
Finance	Marcille	N. ta	
2) AUTHORISED TRADIN	G PERSONNEL	/	
Full Name: Deepti Singh wasan		IC/Passport No.:	
		Securics 6 Nationality: Singresize 6	
Job Title:		Specimen Signature	
Acrounts Manages		deepn	
3) AUTHORISED TRADING	G PERSONNEL		
Full Name:		IC/Passport No.:	
		Nationality:	
Job Title:		Specimen Signature:	
AUTHORISING OFFICER DOCUMENT CHECKLIST	Name of Director Kulmeet Singh Signature of Director and Company Stamp Kulmeet Singh	IC/Passport No.: S2206341C Date:	
DOCONIENT CHECKED			
☐ Form completed a	and signed by Authorizing Director		
Photocopy of Idea	ntity Card (or Passport AND valid Working Pass for non-S	Singaporean) with photograph of all the <u>Authorised</u>	
☐ Photocopy of Ider	ntity Card (or Passport AND valid Working Pass for non-S	ingaporean) with photograph of <u>Director(s)</u>	
☐ Company busines	ss profile from ACRA of not later than 6 months		
FOR GEF USE ONLY:			
Remarks:		Verified By:	
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