## Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS			
Registered Name: Inter-Pacific	Petroleum Pte Ltd		
Registered Address: 12 Marina ( 5(018982)	Coulevard #18-09 Man	rina Bay F	inancial Centre Towar 3
Business Address:		I∕ Same as	Registered Address
Tel No.: 6736 1711	Fax No.: 6276 7677	Email:	
Place of Registration: Singapore	Date of Registration:	Registratio	on No.: 201115209 M
Type of Entity:			
5	Colo Promulatorable	C) Partos	we him
Company	☐ Sole Proprietorship	Partne	rsnip
☐ Limited Liability Partnership	☐ Express Trust		
☐ Others (Please Specify):			
Purpose and Intended Nature of Accoun			
			relevant business transaction undertaken.
Please also state whether the transaction	is for money-changing and/or for	remittance purp	oses.
SOURCE OF FUNDS			
□ Bank Credit Line	☐ Directors' / Shareholders	' / Sole Proprieto	's Investments
Others (Please Specify): Sales	income		
POLITICALLY EXPOSED INDIVIDUALS:			
			to the forest and whether to file and a
<ol> <li>Is the beneficial owner or has t in a foreign country, or in an in</li> </ol>		rusted with prom	ninent public functions, whether in Singapore,
☐ Yes	© No		
2. Is the beneficial owner or has t	he beneficial owner ever been a p	arent/ step-parer	nt/ step-child, adopted child/ spouse/ sibling/ ent public functions, whether in Singapore, in
a foreign country, or in an inter		ited with promiti	ent public functions, whether in Singapore, in
Yes	☑ No		
2 Laberta and State Lawrence as beauti	L - L		ither socially or professionally with anyone
3. Is the beneficial owner or has t who is or has been entrusted w	ne beneficial owner ever been clo vith prominent public functions, w	sely connected, e hether in Singapo	ore, in a foreign country, or in an international
organisation?			,,
□ Yes	☑ No		
Are you an agent acting on behalf of the	customer? If yes, please complet	te the following:	
Name of Entity/Individual: (Please Circle			
Address:			
Place of Registration/Nationality:	Registration No. /identificat	ilon No.:	Date of Registration/ Date of Birth:
Relationship between Agent and Client:	Basis of Authority (E.g Lette	r of authorisatlor	or board resolution, please attach):

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1) AUTHORISED TRADING PERSONNEL		
Full Name: Tay Jee Guan	IC/Passport No.: 58006300H	Nationality: Singaporean  Job Title: Accountant
Email: jeeguan Pinterpacsg, com	Contact No.: 6876 4714	Job Title: Accountant
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.	Nationality:
Email:	Contact No.:	Job Title:
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
I/We have furnished the above information to the l writing if there are any changes to be made to this	form. I further confirm that the funds in re	elation to these transactions or account
I/We have furnished the above information to the l writing if there are any changes to be made to this relationship are not derived from any criminal activ	form. I further confirm that the funds in re	elation to these transactions or account
I/We have furnished the above information to the li writing if there are any changes to be made to this relationship are not derived from any criminal activ AUTHORISING OFFICER Name of Director:	form. I further confirm that the funds in re lities, tax evasion or intended for any crim. IC/Passport No.:	elation to these transactions or account inal use.
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I/We have furnished the above information to the lewriting if there are any changes to be made to this relationship are not derived from any criminal active AUTHORISING OFFICER  Name of Director:  Cheung Lai Na	form. I further confirm that the funds in re lities, tax evasion or intended for any crim. IC/Passport No.:	Nationality:  Chinese
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I/We have furnished the above information to the lewriting if there are any changes to be made to this relationship are not derived from any criminal active AUTHORISING OFFICER  Name of Director:  Cheung Lai Na  Email:  ZOE interparatup, com  Signature of Director and Company Stamp:  DOCUMENT CHECKLIST  Form completed and signed by Authorizing	Ing Director	Nationality:  Chinese  Main Contact Person for GEF account ground growth.
I/We have furnished the above information to the bewriting if there are any changes to be made to this relationship are not derived from any criminal active AUTHORISING OFFICER  Name of Director:  Cheung Lai Na  Email:  ZOE interpacaroup, com  Signature of Director and Company Stamp:  DOCUMENT CHECKLIST  Photocopy of Identity Card (or Passport and Persons	Ing Director	Nationality:  Chinese  Main Contact Person for GEF account enquiries  Date: 7/5/2018
I/We have furnished the above information to the bewriting if there are any changes to be made to this relationship are not derived from any criminal active.  AUTHORISING OFFICER  Name of Director:  Cheung Lai Na  Email:  ZOE® interpacgroup, com  Signature of Director and Company Stamp:  DOCUMENT CHECKLIST  Photocopy of Identity Card (or Passport and Trading Persons  Photocopy of Identity Card (or Passport and Photocopy of Identity Card (or Passport and Company Card (or Passport and Card (or Passpor	Ic/Passport No.:  KO5261190  Contact No.:  (876 9703  Ing Director  AND valid Working Pass for non-Singapore	Nationality:  Chinese  Main Contact Person for GEF account enquiries  Date: 7/5/2018
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