EL

## Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name: EMAGNAT LLP		
Registered Address: 810 GES	CLANG ROAD #0	12-20 CITY PLAZA St 409286
Business Address: Zervex, 8 ubi Road 2 Same as Registered Address :404-13 S6 408538		
Tel No.: 9168 9168 Fax	No.	mail Address: Winston & emagnut - comegistration No.:
Place of Registration: Date	of Registration:	egistration No.:
0 1	6/01/2017	TITLLOITTK
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:		
<ol> <li>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?</li> <li>Yes</li> </ol>		
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? Ves 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		
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 auth	orisation 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: IC/Passport No.: WONG SIONG YANN Nationality: Job Title: Specimen Signature: 2) AUTHORISED TRADING PERSONNEL Full Name: IC/Passport No.: Nationality: Job Title: Specimen Signature: 3) AUTHORISED TRADING PERSONNEL **Full Name:** IC/Passport No.: Nationality: Job Title: Specimen Signature: **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 Signature of Director and Company Stamp 12/18/2017 DOCUMENT CHECKLIST O Form completed and signed by Authorizing Director PÍ Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of all the Authorised **Trading Persons** Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of Director(s) Company business profile from ACRA of not later than 6 months FOR GEF USE ONLY: Remarks: Verified By: Date:

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