## Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS			
Registered Name:	6		
EASTAL SHIP	PTE. LTD.		
Registered Address:			
	DELTA ROAD # 02-0	S EPL BUILDING, SPORE 169206	
Business Address:		☑Same as Registered Address	
Tel No.: 966540 32	Fax No.:	Projecta Costarship.com  Registration No.:	
Place of Registration:	Date of Registration:		
SINGAPORE	19.06.2013	2013165462	
Type of Entity:			
Company	☐ Sole Proprietorship	Partnership	
☐ Limited Liability Partnership	☐ Express Trust		
☐ Others (Please Specify):			
Purpose and Intended Nature of Acco	unt Relationship and/or Relevant Busi	ness Transaction Undertaken	
		onship and/or relevant business transaction undertaken.	
Please also state whether the transaction SHIP BROKERING,	ion is for money-changing and/or for re られら れいら りはんこけりらて	mittance purposes. OF SHIPS, CIHARTELING OF SHIPS	
SOURCE OF FUNDS			
□ Bank Credit Line	Directors' / Shareholders' / S	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		and the second s	
Yes	No		
Is the beneficial owner or has	s the beneficial owner ever been a pare	nt/ step-parent/ step-child, adopted child/ spouse/ sibling/	
<ol> <li>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</li> </ol>			
a foreign country, or in an international organisation?			
Yes	No		
<ol> <li>Is the beneficial owner or has who is or has been entrusted organisation?</li> </ol>	s the beneficial owner ever been closely with prominent public functions, whet	connected, either socially or professionally with anyone her in Singapore, in a foreign country, or in an international	
☐ Yes	No		
Are you an agent acting on behalf of t	he customer? If yes, please complete to	he following:	
Name of Entity/Individual: (Please Circle	e)		
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):	

## **Customer Particulars Form KYC for Corporate & Trading Authorisation**

1) AUTHORISED TRADING PERSONNEL



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

Full Name:  GHWEE KOK SENG		IC/Passport No.: \$2578541Z
		Nationality: SING APORE
Job Title: DIRGCTOR		Specimen Signature.
		The
2) AUTHORISED TRADIN	G PERSONNEL	
Full Name:  CHEONG KUM FONG		IC/Passport No.:
		S2578542H Nationality: SINGAPPLE
Job Title: DIRECTOR		Specimen Signature:
3) AUTHORISED TRADIN	G PERSONNEL	200
Full Name:		IC/Passport No.:
		Nationality:
Job Title:		Specimen Signature:
AUTHORISING OFFICER	Name of Director  CHGONG ICUM FONG  Signature of Director and Company Standall A	IC/Passport No.: \$ 2578542H  Date:
DOCUMENT CHECKLIST		
DOCOMENT CHECKEST		
☐ Form completed	and signed by Authorizing Director	
Photocopy of Ide	ntity Card (or Passport AND valid Working Pass for no	on-Singaporean) with photograph of all the <u>Authorised</u>
☐ Photocopy of Ide	ntity Card (or Passport AND valid Working Pass for no	on-Singaporean) 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:
		Date: