

Customer Information (Company)
For Internal Use only



Company's Particulars			
Registered Name: <i>Presea Marine Services Pte Ltd</i>			
Registered Address: <i>196 Pandan Loop #07-14 Pantech Business Hub SC 12A3801</i>			
Tel No.: <i>6264 3766</i>	Fax No.: <i>6774 6456</i>	Business No.: <i>2006 18000 H</i>	
Authorized Contact Persons:	Contact No.:	Job Title:	Nationality:
1. <i>Karuppannan Tamilchelvan</i>	<i>-</i>	<i>Director</i>	<i>Sri Lanka</i>
2.			
3)			

Document Checklist for Opening New Company Account

<input type="checkbox"/> Updated list of <u>Authorised Contact/Trading Persons</u>	Date Last Updated:
<input type="checkbox"/> Account Opening Form completed and signed by <u>Authorizing Director</u> or Manager (subject to approval)	
<input type="checkbox"/> Photocopy of identity card (or passport for non-Singaporean) with photograph of ALL the Authorised Trading Persons	
<input type="checkbox"/> Photocopy of identity card (or passport for non-Singaporean) with photograph of <u>Director(s)</u>	
<input type="checkbox"/> Company business profile from ACRA of not later than 6 months	

For GEF use only:	
Remarks:	Verified by: <i>Don Lemp</i>
	Date: <i>28/11/16</i>

Customer Particulars Form
KYC for Corporate & Trading Authorisation



大東外匯機構
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COMPANY'S PARTICULARS		
REGISTERED NAME: PRESEA MARINE SERVICES PTE LTD		
REGISTERED ADDRESS: 196 PANDAN LOOP #07-14 PANTRY BUSINESS HUB SPORE 12884		
BUSINESS ADDRESS: AS ABOVE SAME AS REGISTERED ADDRESS		
TEL NO.: 62643766	FAX NO.: 67746456	EMAIL ADDRESS: ops@preseamarine.com.sg
PLACE OF REGISTRATION: S/PORE	DATE OF REGISTRATION: 01-12-2006	REGISTRATION NO.: 200618000H
TYPE OF ENTITY: <input checked="" type="checkbox"/> COMPANY <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> EXPRESS TRUST <input type="checkbox"/> OTHER LEGAL ARRANGEMENT (Please Specify): _____ <input type="checkbox"/> 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. <div style="text-align: center; margin-top: 20px;">CTM + MONEY CHANGING.</div>		
SOURCE OF FUNDS <input type="checkbox"/> BANK CREDIT LINE <input type="checkbox"/> DIRECTORS' / SHAREHOLDERS' / SOLE PROPRIETOR'S INVESTMENTS <input type="checkbox"/> OTHERS (Please Specify): _____		
POLITICALLY EXPOSED INDIVIDUALS: <ol style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Are you an agent acting on behalf of the customer? If yes, please complete the following:		
NAME OF ENTITY/INDIVIDUAL: (Please Circle) NA		
ADDRESS: NA		

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PLACE OF REGISTRATION/NATIONALITY: SINGAPORE	REGISTRATION NO. /IDENTIFICATION NO.: 2006180004	DATE OF REGISTRATION/ DATE OF BIRTH:
RELATIONSHIP BETWEEN AGENT(S) AND CLIENT:		BASIS OF AUTHORITY(E.g Letter of authorisation or Board resolution, please attach):

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

1) AUTHORISED TRADING PERSONNEL	
FULL NAME: K. TAMILCHELVAN	IC/PASSPORT NO.: S12303994
	NATIONALITY: SINGAPOREAN
JOB TITLE: DIRECTOR	SPECIMEN SIGNATURE:
2) 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 or intended for any criminal use.

AUTHORISING OFFICER	NAME OF DIRECTOR K. TAMILCHELVAN	NRIC NO.: S12303994
	SIGNATURE OF DIRECTOR AND COMPANY STAMP 	DATE: 28/11/2016

DOCUMENT CHECKLIST	
<input type="checkbox"/>	Form completed and signed by Authorizing Director
<input type="checkbox"/>	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of all the <u>Authorised Trading Persons</u>
<input type="checkbox"/>	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>
<input type="checkbox"/>	Company business profile from ACRA of not later than 6 months

FOR GEF USE ONLY:	
REMARKS:	VERIFIED BY:
	DATE: 17/12/16