Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS					
REGISTERED NAME: Ishina Pte Ltd REGISTERED ADDRESS: 6 Battery Road #34-01 Singapore 049909					
REGISTERED ADDRESS: 6 Battery Road #34-01 Singapore 049909					
BUSINESS ADDRESS:		SAME AS REGISTERED ADDRESS			
TEL NO.: 65860 880	FAX NO.: 6586 089 9	EMAIL ADDRESS:			
PLACE OF REGISTRATION:	DATE OF REGISTRATION:	REGISTRATION NO.:			
singapae		20050 9539 M			
TYPE OF ENTITY:	1				
COMPANY	□ SOLE PROPRIETORSHIP	□ PARTNERSHIP			
☐ LIMITED LIABILITY PARTNERSHII	P	☐ EXPRESS TRUST			
□ OTHER LEGAL ARRANGEMENT (Please Specify):					
☐ OTHERS (Please Specify):		==-1			
Purpose and Intended Nature of Accou	unt Relationship and/or Relevant Busine	ss 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. Movey Changles					
J 0 J					
SOURCE OF FUNDS					
DIRECTORS' / SHAREHOLDERS' / SOLE PROPRIETOR'S INVESTMENTS OTHERS (Please Specify): Suscient (acoustic contents) Suscie					
POLITICALLY EXPOSED INDIVIDUALS:					
 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 					
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					
	No No				
Are you an agent acting on behalf of the customer? If yes, please complete the following: NAME OF ENTITY/INDIVIDUAL: (Please Circle)					
TAME OF ENTITY INDIVIDUAL, (Flease C	inde;				
ADDRESS:					

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KYC for Corporate & Trading	Authorisation		Great East Forex
PLACE OF REGISTRATION/NATIONALITY:	REGISTRATION NO.	/IDENTIFICATION NO.:	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 o		with Great East Forex	
1) AUTHORISED TRADING PERSONNE	L Z		
FULL NAME: Vincent on kol	chye /		IC/PASSPORT NO.: \$79303081
			NATIONALITY: Singapoen
OB TITLE: Accounting Manager			SPECIMEN SIGNATURE:
2) AUTHORISED TRADING PERSONNE			
OLL NAME: Aarh: Devi olo Jairam / Aarhi			IC/PASSPORT NO.: 678343277
			NATIONALITY: Singaporean
OBTITLE: GLA/C Executive			SPECIMEN SIGNATURE:
	Langlois URE OF DIRECTOR AND	COMPANYSTAMP	NRIC NO.: (7 3234 076N / DATE:
			olisti z
DOCUMENT CHECKLIST FOR OPENING NEW	COMPANY ACCOUNT		
Account opening form completed	and signed by Authoriz	ing Director	
Photocopy of Identity Card (or Pas <u>Trading Persons</u>	ssport and valid Workin	g Pass for non-Singapore	ean) with photograph of all the <u>Authorised</u>
Photocopy of Identity Card (or Pas	sport and valid Working	g Pass for non-Singapore	an) with photograph of <u>Director(s)</u>
Company business profile from AC	CRA of not later than 6 n	nonths	
OR GEF USE ONLY:			1
REMARKS			VERIFIED B
			DATE: SOLL