Customer Particulars Form KYC for Corporate & Trading Authorisation



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ガミアしい	IE SHIP AGENCY P	TE LTD .	
REGISTERED ADDRESS: 3 SHE	HTON DAY		
	4 SHENTON HOUSE S	INGAPORE OCERCE	
BUSINESS ADDRESS: 3 SHENT		ESAME AS REGISTERED ADDRESS	
# 07-04 9	SHENTON HOUSE		
TEL NO.: C238703C	FAX NO:	EMAIL ADDRESS:	
	FAX NO.: C8846061	AGENCY@NEPSAGENCY, COH.	
PLACE OF REGISTRATION:	DATE OF REGISTRATION:	REGISTRATION NO.:	
	15/07/2013	2013191484,	
TYPE OF ENTITY:			
COMPANY	SOLE PROPRIETORSHIP	☐ PARTNERSHIP	
LIMITED LIABILITY PARTNERSHIE		□ EXPRESS TRUST	
OTHER LEGAL ARRANGEMENT (Please Specify):		
☐ OTHERS (Please Specify):			
Purpose and Intended Nature of Accou	int Relationship and/or Relevant Busine	ss Transaction Undertaken	
		hip and/or relevant business transaction undertaken.	
	on is for money-changing and/or for remi		
FOR DELIN	VERY OF ETM (EASH	TO MASTER) ON BOARD VESSEL.	
COVERCE OF CLIMPS	55295 BALBER STREET	NOTES OF THE REPORT OF THE PROPERTY OF THE PRO	
☐ BANK CREDIT LINE		RS' / SOLE PROPRIETOR'S INVESTMENTS	
☐ OTHERS (Please Specify):	UND FROM VESSEL O		
POLITICALLY EXPOSED INDIVIDUALS:			
· · · · · · · · · · · · · · · · · · ·			
× 1.2	has the beneficial owner ever been el ountry, or in an international organis	ntrusted with prominent public functions, whether	
Yes	No No	ation	
		parent/ step-parent/ step-child, adopted child/	
	g/ adopted sibling of anyone who is o spore, in a foreign country, or in an ir	or has been entrusted with prominent public	
☐ Yes	No	iternational organisations	
	_ ,,,,		
		osely connected, either socially or professionally	
with anyone who is or has country, or in an internation		ic functions, whether in Singapore, in a foreign	
☐ Yes	No No		
		following:	
NAME OF ENTITY/INDIVIDUAL: (Please of		Jonowing	
MANAGE OF CONTENT AND INDONE. (LIGASE)	on.crey		
ADDRESS:			

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PLACE OF REGISTRATION/NATIONALITY:

REGISTRATION NO. /IDENTIFICATION NO. DATE OF REGISTRATION/ DATE OF BIRTH:

JOB TITLE: 2) AUTHORISED TRADING PERSONNEL FULL NAME:	
FULL NAME: SUBSET SHOME JOB TITLE: DECLARATION: I/We have furnished the above information to the best of my knowledge, information and belie writing if there are any changes to be made to this form. I further confirm that the funds in relaterationship are not derived from any criminal activities or intended for any criminal use. AUTHORISING OFFICER NAME OF DIRECTOR SUBSET SIGNATURE OF DIRECTOR AND COMPANY STANDARD COMPANY ACCOUNT	
2) AUTHORISED TRADING PERSONNEL FULL NAME: DECLARATION: I/We have furnished the above information to the best of my knowledge, information and belie writing if there are any changes to be made to this form. I further confirm that the funds in relationship are not derived from any criminal activities or intended for any criminal use. AUTHORISING OFFICER NAME OF DIRECTOR SIGNATURE OF DIRECTOR AND COMPANY STANDARD COMPANY STA	
AUTHORISING OFFICER NAME OF DIRECTOR AUTHORISING OFFICER NAME OF DIRECTOR SIGNATURE OF DIRECTOR AND COMPANY STANDARD COMP	C/PASSPORT NO.: SCRC835c
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AUTHORISING OFFICER NAME OF DIRECTOR AUTHORISING OFFICER NAME OF DIRECTOR SIGNATURE OF DIRECTOR AND COMPANY STATEMENT OF SIGNATURE OF DIRECTOR AND COMPANY STATEMENT OF DIRECTOR AND COMPANY ACCOUNT	THE MAIN
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	DATE:
Account opening form completed and signed by Authorizing Director	
Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean Trading Persons	with photograph of all the <u>Authorised</u>
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:	