## Customer Information (Company) For Internal Use only



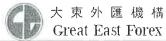
Go	mpamy's Partic	llars	
Registered Name: TAQWA	Foreign Fex	shape	
Registered Name: TAQWA Registered Address:  (It syed Alwi Ad	s c 20769	2-)	
Tel No.: Fax No.:	Business No.:	iness No.: 528952 34 LJ	
Authorized Contact Persons:	Contact No.:	Job Title.:	Nationality:
1. Ahamed shaffath		Dreder	Spuream
2,		7	
Document Checklist for Opening N	lew Company Acc	ount	
☐ Updated list of <u>Authorised Co</u>	ontact/Trading Pers	ons Date	Last Updated:
Account Opening Form comp (subject to approval)	oleted and signed by	Authorizing Direct	<u>tor</u> or Manager
☐ Photocopy of identity card (o the Authorised Trading Perso	MEDICAL PROPERTY OF STATE OF S	Singaporean) with	photograph of ALL
Photocopy of identity card (continued in the property of identity) (continued in the property of identity card (continued in the property of identity card (continued in the property of identity) (continued in t	r passport for non-	Singaporean) with	photograph of
☐ Company business profile fro	m ACRA of not late	r than 6 months	
A STATE OF THE STA	**************************************		1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440 - 1440
For GEF use only:			ind by
Remarks:		verit	ied by: Sow Leng
		Date	2001 Leng: 61,117

## Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS REGISTERED NAME:							
TOWA FORMAN EXCLOSI	NCO						
REGISTERED ADDRESS.	7						
128 Syed HIM Road, S'P	OPE 207692						
BUSINESS ADDRESS:		E SAME AS REGISTERED ADDRESS					
128 Syed Alvi Road, 3'P	DVF 207692						
TEL NO.:	FAX NO.:	EMAIL ADDRESS:					
62955242	DATE OF DECISTRATION.	REGISTRATION NO.:					
PLACE OF REGISTRATION:	DATE OF REGISTRATION:	REGISTRATION NO.:					
SIVIO POLE							
TIPE OF ENTITY.							
☐ COMPANY	☐ SOLE PROPRIETORSHIP	PARTNERSHIP					
LIMITED LIABILITY PARTNERSHI		☐ EXPRESS TRUST					
	(Please Specify):						
OTHERS (Please Specify):		The second of th					
	unt Relationship and/or Relevant Busin d intended nature of the account relation	nship and/or relevant business transaction undertaken.					
	ion is for money-changing and/or for ren						
Transaction is intended for money changing purpose							
SOURCE OF FUNDS  BANK CREDIT LINE  DIRECTORS' / SHAREHOLDERS' / SOLE PROPRIETOR'S INVESTMENTS							
OTHERS (Please Specify): From busines							
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> </ol>							
☐ Yes No							
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 Sing  ☐ Yes	apore, in a foreign country, or in an No	international organisation?					
163	ACI NO						
		closely connected, either socially or professionally					
country, or in an internation		blic functions, whether in Singapore, in a foreign					
□ 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:							

## Customer Particulars Form KYC for Corporate & Trading Authorisation



PLACE OF REGISTRATION/NAT	TONALITY:	REGISTRATION N	NO. /IDENTIFICATION NO.:	DATE OF REGISTRATION/ DATE OF BIRTH:	
SINCAPONE I SINCAPO	rean				
ELATIONSHIP BETWEEN AGE	NT(S) AND CLI	ENT: BASIS OF AUTHORITY resolution, please at		Y(E.g Letter of authorisation or Board tach):	
ppointment of staff actin			de with Great East Forex		
) AUTHORISED TRADIN	G PERSONNI	L		The state of the s	
TULL NAME:			IC/PASSPORT NO.: 56878852+1		
Alamed Straff	1 NHO			NATIONALITY: S'POREAN	
Alrained Shaffath /			SPECIMEN SIGNATURE:		
Director				2	
) AUTHORISED TRADIN	G PERSONNI	L			
ULL NAME:	ULL NAME:			IC/PASSPORT NO.:	
1 . A	• \ \ \ .			S6878852H	
Hugmed Shot	fath /			NATIONALITY: S'POPEAN	
OB TITLE:	· ·			SPECIMEN SIGNATURE:	
Director	Hiramed Shaffath / DB TITLE: Director			2	
	1/1/	TURE OF DIRECTOR	AND COMPANY STAMP	S6878852#/ DATE: 6/0://7-	
DOCUMENT CHECKLIST FOR	OPENING NEV	W COMPANY ACCO	UNT		
☐ Account opening fo	orm complete	d and signed by Autl	horizing Director	HILL TO THE	
Photocopy of Iden	tity Card (or P	assport and valid Wo	orking Pass for non-Singapol	rean) with photograph of all the <u>Authorised</u>	
☐ Photocopy of Ident	tity Card (or Pa	assport and valid Wo	orking Pass for non-Singapor	rean) with photograph of <u>Director(s)</u>	
☐ Company business	profile from A	ACRA of not later tha	an 6 months		
PAID ATELIES OFFICE					
FOR GEF USE ONLY: REMARKS:				VERIFIED BY:	
AMERICAN II					
				1	
				0418 DATE	