Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name: MOL (ASIA OCEANIA) PTE.	LTD.	
Registered Address:		
5 SHENTON WAY #16-03 UI	IC BUILDING SINGAPORE 068	808
Business Address:		☐ Same as Registered Address
Tel No.: 6323 1303	Fax No.: 6323 1305	Email: N/A
Place of Registration:	Date of Registration:	Registration No.:
SINGAPORE	10 FEBRUARY 1993	199300745C
Type of Entity:		
√ Company	Sole Proprietorship	☐ Partnership
		co rathership
, , , , , , , , , , , , , , , , , , , ,	Express Trust	
Others (Please Specify):		
Purpose and Intended Nature of Accou		
Provide information on the purpose and Please also state whether the transaction		nship and/or relevant business transaction undertaken. mittance purposes.
	,,,,,,	
TO PURCHASE AND/OR EX	CHANGE US DOLLARS	
SOURCE OF FUNDS	.0.7.1.02 00 0022 1.00	
☐ Bank Credit Line	☐ Directors' / Shareholders' / S	Sole Proprietor's Investments
Others (Please Specify): COMI	PANY BANK ACCOUNT	
POLITICALLY EXPOSED INDIVIDUALS:		
Is the beneficial owner or has in a foreign country, or in an interest of the second second		ted with prominent public functions, whether in Singapore,
	of anyone who is or has been entrusted	nt/ step-parent/ step-child, adopted child/ spouse/ sibling/ d with prominent public functions, whether in Singapore, in
	₩ NO	
		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 ti	he customer? If yes, please complete t	he followina:
Name of Entity/Individual: (Please Circl		
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):

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1) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
ONG SIEW HUI PAULA	S7515883A	SINGAPORE CITIZEN
Email:	Contact No.:	Job Title:
PAULA.ONG@MOLGROUP.COM	6420 4405	A/C ASSISTANT MANAGER
Specimen Signature:		☑ Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
AIK HOOI SHIA (JASMINE)	S8670619I	SINGAPORE CITIZEN
Email:	Contact No.:	Job Title:
JASMINE.AIK@MOLGROUP.COM	6420 4402	A/C SENIOR EXECUTIVE
Specimen Signature:		Main Contact Person for GEF account enquiries
3) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
HAMIDAH BINTE PAGI	S1623331E	SINGAPORE CITIZEN
Email:	Contact No.:	Job Title:
HAMIDAH.PAGI@MOLGROUP.COM	6420 4472	A/C EXECUTIVE
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
I/We have furnished the above information to the be writing if there are any changes to be made to this fo	orm. I further confirm that the funds in re	elation to these transactions or account
I/We have furnished the above information to the be writing if there are any changes to be made to this farelationship are not derived from any criminal activit	orm. I further confirm that the funds in re lies, tax evasion or intended for any crim	elation to these transactions or account inal use.
I/We have furnished the above information to the be writing if there are any changes to be made to this for relationship are not derived from any criminal activity AUTHORISING OFFICER Name of Director:	orm. I further confirm that the funds in re ies, tax evasion or intended for any crimi IC/Passport No.:	elation to these transactions or account inal use. Nationality:
I/We have furnished the above information to the be writing if there are any changes to be made to this for relationship are not derived from any criminal activit. AUTHORISING OFFICER Name of Director: MITSUJIRO AKASAKA	orm. I further confirm that the funds in relies, tax evasion or intended for any crimi IC/Passport No.: TZ1253662/G3266513L	Nationality: JAPANESE
I/We have furnished the above information to the be writing if there are any changes to be made to this for relationship are not derived from any criminal activity AUTHORISING OFFICER Name of Director: MITSUJIRO AKASAKA Email:	orm. I further confirm that the funds in relies, tax evasion or intended for any crimi IC/Passport No.: TZ1253662/G3266513L Contact No.:	elation to these transactions or account inal use. Nationality:
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MITSUJIRO.AKASAKA@MOLGROUP.COI Signature of Director and Company Stamp:	IC/Passport No.: TZ1253662/G3266513L. Contact No.: 6323 3103 Director ND valid Working Pass for non-Singapore	Nationality: JAPANESE Main Contact Person for GEF account enquiries Date: 21 MAY 2018 Pann with photograph of all the Authorised ean) with photograph of Director(s)