Customer Information (Company) For Internal Use only



Com	pamy's Particu	lars	137.1646基础制度
Registered Name: Max Imus /	Martine Pt	e Ud	
Registered Name: Max IMUS Registered Address: 150 Beech Rd #15-07	Grateway	wept S(if	97201
Tel No.: Fax No.:	B	usiness No.:	CIOE
Authorized Contact Persons:	Contact No.:	Job Title.:	Nationality:
1. Lug Yoke Hap/		AFA Afer	Market Company of the contract
Lug Yoke Hung/ 2. Ong Kiaw Fei /	The state of the s	Senwr Finan	6
3) 11 3			
Document Checklist for Opening Nev	w Company Acco	ount	
✓ Updated list of Authorised Cont	act/Trading Perso		st Updated:
☐ Account Opening Form complete (subject to approval)	ted and signed by	Authorizing Directo	r or Manager
Photocopy of identity card (or p the Authorised Trading Persons	######################################	ingaporean) with pl	notograph of ALL
Photocopy of identity card (or p	passport for non-S	Singaporean) with pl	notograph of
☐ Company business profile from	ACRA of not later	than 6 months	
			A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
For GEF use only: Remarks:		Verifie	d by:
Nomarns.			
		Date:	241116

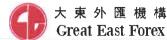
Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANIAL DARTICH ARC				
REGISTERED NAME:				
MAXIMUS MARINE PTE LTD				
REGISTERED ADDRESS:				
	TEWAY WEST, SINGAPORE 189	720		
BUSINESS ADDRESS:		☐ SAME AS REGISTERED ADDRESS		
150 BEACH ROAD, #13-01 GA	TEWAY WEST, SINGAPORE 189	720 (
TEL NO.: +65 6576 6500	FAX NO.:	EMAIL ADDRESS: accounts@mxmmarine.com		
PLACE OF REGISTRATION:	DATE OF REGISTRATION:	REGISTRATION NO.:		
SINGAPORE	29 DEC 2011	201136510E		
TYPE OF ENTITY:				
✓ COMPANY	☐ SOLE PROPRIETORSHIP	□ PARTNERSHIP		
☐ LIMITED LIABILITY PARTNERSHI	Р	☐ EXPRESS TRUST		
☐ OTHER LEGAL ARRANGEMENT (Please Specify):			
☐ OTHERS (Please Specify):				
Purpose and Intended Nature of Accou	unt Relationship and/or Relevant Busine	ss Transaction Undertaken		
Provide information on the purpose and	d intended nature of the account relations	ship and/or relevant business transaction undertaken.		
Please also state whether the transacti	on is for money-changing and/or for remi	ttance purposes.		
FOR BUSINESS REQUIREMENT - EXPENSES)	BOTH MONEY CHANGING & REMIT	TANCE PURPOSES (ONLY FOR CREW RELATED		
SOURCE OF FUNDS				
☐ BANK CREDIT LINE	Endo	S'/SOLE PROPRIETOR'S INVESTMENTS		
✓ OTHERS (Please Specify): BUSI	NESS EARNINGS			
POLITICALLY EXPOSED INDIVIDUALS:				
Is the beneficial owner or I	has the beneficial owner ever been e	ntrusted with prominent public functions, whether		
in Singapore, in a foreign country, or in an international organisation?				
☐ Yes	M No			
2. Is the beneficial owner or I	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	Mo 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			
Are you an agent acting on behalf of the customer? If yes, please complete the following:				
NAME OF TAITITY (INCOMPANIES ASS		following:		
NAME OF ENTITY/INDIVIDUAL: (Please		following:		
NAME OF ENTITY/INDIVIDUAL: (Please address:		following:		

Customer Particulars Form KYC for Cornorate & Trading Authorisation

AUTHORISING OFFICER | NAME OF DIRECTOR



NRIC NO.:

DATE:

Kitcioi coi porate di Irading Authorisation			GIVAL EAST FOLOX	
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):		
Annaintment of staff action on behalf a	£	ith Creat East Farey		

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

1) AUTHORISED TRADING PERSONNEL			
FULL NAME:	IC/PASSPORT NO.: G3012334X		
ONG KIAW FEI	NATIONALITY: MALAYSIAN		
JOB TITLE:	SPECIMEN SIGNATURE:		
SENIOR FINANCE MANAGER	as &n		
2) AUTHORISED TRADING PERSONNEL			
FULL NAME:	IC/ PASSPORT ·NO.: \$1740620E		
LUA YOKE HONG			
~	NATIONALITY: SINGAPOREAN		
JOB TITLE:	SPECIMEN SIGNATURE:		
ASSISTANT ACCOUNTS MANAGER	(Lelly .		

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.

		NG SIEW MOI		S1633151	A	
		SIGNATURE OF DIRECTOR AND C	Co. Reg. No:	DATE:	2 2 NOV 2016	
DOCU	MENT CHECKLIST		Tam Oil	31.7		
	V 95 11					
Z	Form completed and signed by Authorizing Director					
Ø	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of all the <u>Authorised Trading Persons</u>					
Ø	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>					
Z	Company business profile from ACRA of not later than 6 months					
FOR G	EF USE ONLY:					
REMA	RKS:			VERIFIED BY:		