## BEDS Same substelling as Navls chetery

**Customer Particulars Form KYC for Corporate & Trading Authorisation** 



COMPANY'S PARTICULARS		
REGISTERED NAME:	DREAMS PTE LTD	
REGISTERED ADDRESS: 39 HOW	GKONG STREET	
\$03-01	SINGAPORE 059678	
BUSINESS ADDRESS:		PSAME AS REGISTERED ADDRESS
TEL NO .: 65361170	FAX NO.:	EMAIL ADDRESS: ad@navis'-Chartening. Com
PLACE OF REGISTRATION:	DATE OF REGISTRATION;	REGISTRATION NO.: 2015 408396
TYPE OF ENTITY:		
COMPANY	SOLE PROPRIETORSHIP	☐ PARTNERSHIP
LIMITED LIABILITY PARTNERSHI	P	EXPRESS TRUST
OTHER LEGAL ARRANGEMENT (	Please Specify):	
OTHERS (Please Specify):		
Provide information on the purpose and Please also state whether the transaction	int Relationship and/or Relevant Busin fintended noture of the occount relotion on is for money-changing and/or for ren e Money for busin	nship and/or relevant business transaction undertoken. Dittance purposes.
SOURCE OF FUNDS		To the least to th
D BANK CREDIT LINE  OTHERS (Please Specify):		RS' / SOLE PROPRIETOR'S INVESTMENTS
POLITICALLY EXPOSED INDIVIDUALS:		
<ul> <li>In Singapore, in a foreign of Yes</li> <li>Is the beneficial owner or his spouse/ sibling/ step-sibling functions, whether in Singa</li> </ul>	No  No  No  as the beneficial owner ever been a g/ adopted sibling of anyone who is pote, in a foreign country, or in an i	parent/ step-parent/ step-child, adopted child/ or has been entrusted with prominent public
□ Yes	No	
<ol> <li>Is the beneficial owner or h with anyone who is or has l country, or in an internatio</li> <li>Yes</li> </ol>	peen entrusted with prominent pub	losely connected, either socially or professionally lic functions, whether in Singapore, in a foreign
Are you an agent acting on behalf of th	e customer? If yes, please complete the	fallowing:
NAME OF ENTITY/INDIVIDUAL: (Please C	ircle) NA	
ADDRESS:	NA	

Page 1 of 2

A subsidiary company of Great East Enterprise Pte Ltd Reg No.: 40238800C 101 Beach Road, #02-02 The 101, Singapore 189703 Tel: +65 6339 2828 Fax: +65 6334 2013

GEF/AML/CFT/02/2016/KYC FORM A

KIN IN MOIDULATE OF I	's Form Trading Authoris	ation	大東外匯機和		
PLACE OF REGISTRATION/NATIO		ION NO /IDENTIFICATION NO.:	DATE OF REGISTRATION/ DATE OF BIRTH		
RELATIONSHIP BETWEEN AGENT	(5) AND CLIENT:		BASIS OF AUTHORITY( E.g. Letter of authorisation or Board resolution, please attach):		
Appointment of staff acting a		trade with Great East Forex			
<ol> <li>AUTHORISED TRADING P FULL NAME:</li> </ol>	PERSONNEL				
	AN TIN		IC/PASSPORT NO .: \$1433774		
C4 /E	GIV IN /		NATIONALITY: SING A-PORE		
JOB TITLE: Financial Controller			SPECIMEN SIGNATURE:		
			yearin		
2) AUTHORISED TRADING P	ERSONNEL				
FULL NAME:		IC/PASSPORT NO. G32/5890 R			
G 1970.	WEY LING/		NATIONALITY: MALAY SIAN		
OBTITLE: ALCOUNT		SPECIMEN SIGNATURE:			
			Chylet		
DECLARATION:  I/We have furnished the above in  writing if there are any changes is  relationship are not derived from  AUTHORISING OFFICER  DER DREAMS PTE LTD	nformation to the best of n to be made to this form. I f any criminal activities or i	further confirm that the funds in a	relation to these transactions or occount  NRIC NO.:		
DECLARATION:  I/We have furnished the above in writing if there are any changes in relationship are not derived from AUTHORISING OFFICER	nformation to the best of note be made to this form. If any criminal activities or in NAME OF DIRECTOR	further confirm that the funds in a intended for any criminal use.			
DECLARATION:  I/We have furnished the above in writing if there are any changes trelationship are not derived from AUTHORISING OFFICER  DER DREAMS PTE LTD  ROC no: 201540839G  Hong Kong Street #03-01  Singapore 059678	nformation to the best of a to be made to this form. If any criminal activities or i  NAME OF DIRECTOR  BJOERN  SIGNATURE OF DIRECTO	To CHMANY  OR AND COMPANY STAMP	NRIC NO.:  S79844761)  DATE:		
DECLARATION:  I/We have furnished the above in writing if there are any changes in relationship are not derived from  AUTHORISING OFFICER  DER DREAMS PTE LTD  ROC no: 201540839G  Hong Kong Street #03-01  Singapore 059678  Tel: +65 6438 2216  DOCUMENT CHECKLIST FOR OPE	nformation to the best of a to be made to this form. If any criminal activities or i  NAME OF DIRECTOR  BJOERN  SIGNATURE OF DIRECTO	GOUNT	NRIC NO.:  S79844761)  DATE:		
DECLARATION:  I/We have furnished the above in writing if there are any changes relationship are not derived from AUTHORISING OFFICER  DER DREAMS PTE LTD  ROC no: 201540839G  Hong Kong Street #03-01  Singapore 059678  Tel +65 6438 2216  DOCUMENT CHECKLIST FOR OPE	nformation to the best of a to be made to this form. If any criminal activities or it NAME OF DIRECTOR BJUERN SIGNATURE OF DIRECTO NING NEW COMPANY ACC	COUNT Authorizing Director	NRIC NO.:  S79844761)  DATE:		
DECLARATION:  I/We have furnished the above in writing if there are any changes in relationship are not derived from AUTHORISING OFFICER  DER DREAMS PTE LTD  ROC no: 2015408396  Hong Kong Street #03-01  Singapore 059678  Tel +65 6438 2216  DOCUMENT CHECKLIST FOR OPE  Account opening form of Photocopy of Identity Controlling Persons	NAME OF DIRECTOR BJOERN SIGNATURE OF DIRECTOR NING NEW COMPANY ACCompleted and signed by A	COUNT  Authorizing Director  Working Pass for non-Singapore	NRIC NO.:  \$79844761) / DATE:  \$\frac{\data}{1/2017}		

VERIFIED BY:

DATE:

Page 2 of 2

REMARKS:

		Authorisation		360 BMs - C	real East Fore
PLACE OF REGISTRATION/NATION	DNALITY	REGISTRATION NO. ADENTIFICATION NO.:		DATE OF REGISTRATION/ DATE OF BIRTH	
RELATIONSHIP BETWEEN AGEN	T(S) AND CLI	ENT:	BASIS OF AUTHORITY(		
NA			resolution, please attach):		
Appointment of staff acting			with Great East Forex		
1) AUTHORISED TRADING	PERSONNE	L			
KONG POH YIN				IC/PASSPORT NO.: S 7 2 8166 7	
				NATIONALITY: SINGAPORE	
IOB TITLE: ACLEM		SPECIMEN SIGNATURE:			
AUTHORISED TRADING	PERSONNE	L		X	
OFF DAME!				IC/PASSPORT NO.;	
				NATIONALITY:	
JOB TITLE:				SPECIMEN SIGNATURE:	
DECLARATION:  I/We have furnished the above writing if there are any changes relationship are not derived from	to be made	to this form. I further	conficm that the funds in re	iirf and will duly infocu	m Graat East Paysu
DECLARATION:  I/We have furnished the above writing if there are any changes relationship are not derived from  AUTHORISING OFFICER  NDER DREAMS PTE LTD  ROC no: 201540839G	n any crimin	to this form. I further al activities or intende	confirm that the funds in red for any criminal use.	ief, and will duly inford lation to these transac	m Graat Eart Pouvu
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DECLARATION:  I/We have furnished the above writing if there are any changes relationship ore not derived from  AUTHORISING OFFICER  NDER DREAMS PTE LTD  ROC no : 201540839G  9 Hong Kong Street #03-01  Singapore 059678  Tel +65 6438 2216  DOCUMENT CHECKLIST FOR OP  Account opening form  Photocopy of Identity  Trading Persons	NAME OF SIGNATU	TO this form. I further all activities or intender of DIRECTOR BJO COMPANY ACCOUNT and signed by Authoricsport and valid Workley	confirm that the funds in red for any criminal use.  RN JOCHMA  COMPANY STAMP	NRIC NO.: 7 DATE:	m Great East Farex stions or account  9844760  1/2017  all the Authorised
DECLARATION:  I/We have furnished the above writing if there are any changes relationship ore not derived from AUTHORISING OFFICER  NDER DREAMS PTE LTD  ROC no : 201540839G  9 Hong Kong Street #03-01  Singapore 059678  Tel +65 6438 2216  DOCUMENT CHECKLIST FOR OP  Account opening form  Photocopy of Identity  Trading Persons	NAME OF SIGNATU  ENING NEW  Card (or Pass	TO this form. I further all activities or intender activities and all activities and activities and all activities and all activities and activities and activities and activities and activities and activities activities and activities activities activities activities and activities	confirm that the funds in red for any criminal use.  ERN JOCHMA  COMPANY STAMP  zing Director  ng Pass for non-Singaporea	NRIC NO.: 7 DATE:	m Great East Farex stions or account  9844760  1/2017  all the Authorised
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DATE:

Page 2 of 2