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



COMPANY'S PARTICULARS		
Registered Name: SEAMARITIME AGENCY PTE LTD		
Registered Address: 80, ROBINSON ROAD, #17-02, SINGAPO	DRE 068898	
Business Address: 36, PURVIS STREET, #02-03/04, TALIB C	ENTRE, SINGAPORE 188613	☐ Same as Registered Address
Tel No.: 6333 3230	Fax No.: <b>6333 3256</b>	Email: (See below)
Place of Registration: SINGAPORE	Date of Registration: 15 SEP 1990	Registration No.: 199004575E
Type of Entity:		
<ul><li>☐ Company</li><li>☐ Limited Liability Partnership</li></ul>	<ul><li>□ Sole Proprietorship</li><li>□ Express Trust</li></ul>	□ Partnership
☐ Others (Please Specify):	)	
Purpose and Intended Nature of Accou		ess Transaction Undertaken ship and/or relevant business transaction undertaken.
Please also state whether the transaction Money-changing and for Remittance po		nittance purposes.
SOURCE OF FUNDS		
☐ Bank Credit Line	☐ Directors' / Shareholders' / So	ple Proprietor's Investments
Others (Please Specify): SALES R	EVENUE	
POLITICALLY EXPOSED INDIVIDUALS:		
<ul><li>1. Is the beneficial owner or has in a foreign country, or in an in</li><li>Yes</li></ul>		ed with prominent public functions, whether in Singapore,
	of anyone who is or has been entrusted	nt/ step-parent/ step-child, adopted child/ spouse/ sibling/ with prominent public functions, whether in Singapore, in
		connected, either socially or professionally with anyone er in Singapore, in a foreign country, or in an international
□ Yes	No	
Are you an agent acting on behalf of th	ne customer? If ves. please complete th	e followina:
Name of Entity/Individual: (Please Circle N.A.		5,5.1.5.1.11g.
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:
UDY CHONG CHAI FOONG	S1555966G	SINGAPOREAN
mail:	Contact No.:	Job Title:
udy@seamaritime.com.sg	6333 3230	GM (Accounts & Admin)
Specimen Signature:		Main Contact Person for GEF account enquiries
authorised trading personnel		
uli Name:	IC/Passport No.:	Nationality:
MILY GOH POH YAN	S1643928B	SINGAPOREAN
Email: emily@seamaritime.com.sg	Contact No.: 6333 3230	Job Title: PA to MD
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
B) AUTHORISED TRADING PERSONNEL		
Full Name: STANLEY TAY MING HIN	IC/P <del>asspo</del> rt No.: S1600511H	Nationality: SINGAPOREAN
Email: stanley@seamaritime.com.sg	Contact No.: 6333 3230	Job Title: EXECUTIVE DIRECTOR
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
writing if there are any changes to be made	o the best of my knowledge, information and b to this form. I further confirm that the funds in i al activities, tax evasion or intended for any crin	relation to these transactions or account
/We have furnished the above information to writing if there are any changes to be made relationship are not derived from any crimina AUTHORISING OFFICER	to this form. I further confirm that the funds in i	relation to these transactions or account minal use.  Nationality:
/We have furnished the above information t writing if there are any changes to be made	to this form. I further confirm that the funds in i al activities, tax evasion or intended for any crin	relation to these transactions or account ninal use.
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/We have furnished the above information to writing if there are any changes to be made relationship are not derived from any criminal AUTHORISING OFFICER Name of Director: ALFRED TAN CHOR KOON Email: alfred@seamaritime.com.sg	to this form. I further confirm that the funds in a cal activities, tax evasion or intended for any crin  IC/Passport No.: S0164300B  Contact No.: 6333 3230  Company Stamp:	relation to these transactions or account minal use.  Nationality: SINGAPOREAN  Main Contact Person for GEF accour enquiries  Date:
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