Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name:	FOODS PTE LTD	
Registered Address:	4 60004.00	2000
12 TUA	5 AVENUE 1. SINGAPO	639454
Business Address:		☑ Same as Registered Address
Tel No.: 6863 1971	Fax No.: 6863 5182	Email Address:
		ELLIYAH C Composs Foods. Com
Place of Registration:	Date of Registration: 28 March 2003	Registration No.:
Singapore	20 March 2003	20030288gW
Type of Entity:		
Company	☐ Sole Proprietorship	☐ Partnership
☐ Limited Liability Partnership	☐ Express Trust	
☐ Others (Please Specify):		
Purpose and Intended Nature of Accou	unt Relationship and/or Relevant Busin	ess Transaction Undertaken
Provide information on the purpose and	d intended nature of the account relatio	nship and/or relevant business transaction undertaken.
	on is for money-changing and/or for ren	nittance purposes.
	forex Transaction.	
SOURCE OF FUNDS	THE PROPERTY OF THE PARTY OF	
☐ Bank Credit Line	Directors' / Shareholders' / S	ole Proprietor's Investments
	iness operating Income	
POLITICALLY EXPOSED INDIVIDUALS:		
		ted with prominent public functions, whether in Singapore,
in a foreign country, or in an i ☐ Yes	international organisation? No	
l les) NO	
		nt/ step-parent/ step-child, adopted child/ spouse/ sibling/
a foreign country, or in an int		with prominent public functions, whether in Singapore, in
□ Yes	No	
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		ner in Singapore, in a foreign country, or in an international
organisation? ☐ Yes	No No	
Are you an agent acting on behalf of t	he customer? If yes, please complete ti	ne following:
Name of Entity/Individual: (Please Circl		
Address:	17.16	
15106		
Place of Registration/Nationality:	Registration No. /Identification	
MA	MA	HA
Relationship between Agent and Client	Basis of Authority (E.g Letter of	authorisation or board resolution, please attach):
MA	1000	

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

1) AUTHORISED TRADIT	NG PERSONNEL	
Full Name:		IC/Passport No.:
F1/		SEI 646212
£Lliy	YAH ROSIRAWANI	Nationality: INDON'ES/AN
Job Title:		Specimen Signature:
Α	CCOUNTANT	The VI
<i>F</i> '		700
2) AUTHORISED TRADIT	NG PERSONNEL	
Full Name:		IC/Passport No.:
		IC/Passport No.: 574 344 162
11.	ED LIAP NA	Nationality: SINGAPORTAN
Job Title:		Specimen Signature:
FINANCE MANAGER		- COUL
1	TO THE STATE OF TH	
3) AUTHORISED TRADII	NG DERSONNEL	
Full Name:	TO I ENDOUGHE	IC/Passport No.:
ruii Naille.		ic/rassport No
		Nationality:
		Nationality:
Job Title:		Specimen Signature:
JOD TILLE.		Specimen signature.
writing if there are any cho	bove information to the best of my knowledge, information and anges to be made to this form. I further confirm that the funds in ed from any criminal activities, tax evasion or intended for any cr	relation to these transactions or account
I/We have furnished the a writing if there are any cha	anges to be made to this form. I further confirm that the funds in additional activities, tax evasion or intended for any critical Name of Director	relation to these transactions or account iminal use. IC/Passport No.:
I/We have furnished the a writing if there are any cha relationship are not derive	anges to be made to this form. I further confirm that the funds in ed from any criminal activities, tax evasion or intended for any cr	n relation to these transactions or account iminal use.
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