## Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS  Registered Name:		000
SINGAPORE POPTER		
Registered Address: 272 A RI	VER VALLEY ROM	D S (338315)
Business Address: 34 RAFFI  CEMTRE #31-0	ER PLACE CLIFFE	○ Same as Registered Address
Tel No.: 6534 7995	Fax No.:	today mail box 11@ gmail.com
Place of Registration:	Date of Registration:	Registration No.:
SINGAPORE	8 8 2005	200510869E
Type of Entity:		
Company	☐ Sole Proprietorship	☐ Partnership
<ul> <li>Limited Liability Partnership</li> </ul>	Express Trust	
Others (Please Specify):		
Purpose and Intended Nature of Accou	unt Relationship and/or Relevant	Business Transaction Undertaken
	d intended nature of the account r	relationship and/or relevant business transaction undertaken.
SOURCE OF FUNDS		
☐ Bank Credit Line	Directors' / Shareholde	ers' / Sole Proprietor's Investments
☐ Others (Please Specify):		
POLITICALLY EXPOSED INDIVIDUALS:		
<ol> <li>Is the beneficial owner or has in a foreign country, or in an ☐ Yes</li> </ol>		entrusted with prominent public functions, whether in Singapore,
	of anyone who is or has been enti	a parent/ step-parent/ step-child, adopted child/ spouse/ sibling/ rusted with prominent public functions, whether in Singapore, in
		closely connected, either socially or professionally with anyone whether in Singapore, in a foreign country, or in an international
Are you an agent acting on behalf of t		lete the following:
Name of Entity/Individual: (Please Circ	ie)	
Address:		
Place of Registration/Nationality:	Registration No. /Identific	cation No.: Date of Registration/ Date of Birth:
Relationship between Agent and Client	:: Basis of Authority (E.g Let	tter of authorisation or board resolution, please attach):

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Appointment of staff acting on behalf of compan 1) AUTHORISED TRADING PERSONNEL	y to trade with Great East Forex	
Full Name: NANCY	IC/Passport No.; S\800094F	Nationality: SING APOREAH.
Email: nanay@456mail.com	Contact No.: 6534 7995	Job Title:  DIRECTOR.
Specimen Signature:	adus	Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL	1	
Full Name: LIM MING KIAT TERENCE	IC/Passport No.: S 730/878 I	Nationality: SINGAPOREAM
Email: TOVENCE ASSMANOM	Contact No.:	JOB TITLE: ACCOUNTANT
Specimen Signature:	149	☐ Main Contact Person for GEF account enquiries
3) AUTHORISED TRADING PERSONNEL	.,,	
Full Name:	IC/Passport No.:	Nationality:
Email:	Contact No.:	Job Title:
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
DECLARATION:  I/We have furnished the above information to the writing if there are any changes to be made to this		l belief, and will duly inform Great East Forex in
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act AUTHORISING OFFICER	is form. I further confirm that the funds i tivities, tax evasion or intended for any c	I belief, and will duly inform Great East Forex in in relation to these transactions or account riminal use.
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act	is form. I further confirm that the funds i	I belief, and will duly inform Great East Forex in in relation to these transactions or account
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act AUTHORISING OFFICER Name of Director:	is form. I further confirm that the funds i tivities, tax evasion or intended for any c	I belief, and will duly inform Great East Forex in in relation to these transactions or account riminal use.
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act AUTHORISING OFFICER  Name of Director:  THE PENG NAM  Email:	is form. I further confirm that the funds it inities, tax evasion or intended for any confirmation.  IC/Passport No.:  SOGO 4000  Contact No.:	Nationality: SINGAPOCEAN  Main Contact Person for GEF account
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act AUTHORISING OFFICER Name of Director:  THY PENG NAM  Email:  Signature of Director and Company Stamp:	is form. I further confirm that the funds it inities, tax evasion or intended for any confirmation.  IC/Passport No.:  SOGO 4000  Contact No.:	Nationality: SINGAPOCEAN  Main Contact Person for GEF account enquiries
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act AUTHORISING OFFICER  Name of Director:  TAN PENG NAM  Email:  NA  Signature of Director and Company Stamp:	is form. I further confirm that the funds it ivities, tax evasion or intended for any confirmities, and confirmities are confirmities.	Nationality: SINGAPOCEAN  Main Contact Person for GEF account enquiries
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act AUTHORISING OFFICER  Name of Director:  THN PENG NAM  Email:  Signature of Director and Company Stamp:  DOCUMENT CHECKLIST  Form completed and signed by Authorize	is form. I further confirm that the funds it ivities, tax evasion or intended for any confirmities, and confirmities are confirmities.	Nationality: SINGAPOCEAN  Main Contact Person for GEF account enquiries
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act AUTHORISING OFFICER  Name of Director:  THE PENG NAM  Email:  Signature of Director and Company Stamp:  DOCUMENT CHECKLIST  Prom completed and signed by Authoris:  Photocopy of Identity Card (or Passport)	is form. I further confirm that the funds it ivities, tax evasion or intended for any confirmities, tax evas evas evas evas evas evas evas evas	Nationality: SINGAPOCEAN  Main Contact Person for GEF account enquiries  Date:
I/We have furnished the above information to the writing if there are any changes to be made to this relationship are not derived from any criminal act AUTHORISING OFFICER  Name of Director:  TAN PENG NAM  Email:  Signature of Director and Company Stamp:  DOCUMENT CHECKLIST  Prorm completed and signed by Authorized in Photocopy of Identity Card (or Passport Trading Persons	is form. I further confirm that the funds it ivities, tax evasion or intended for any continuities, tax evas evas evas evas evas evas evas evas	Nationality: SINGAPOCEAN  Main Contact Person for GEF account enquiries  Date:
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