Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name: STRAITS LINK SHIP AGENCIES & MANAGEMENT PTE LTD		
Registered Address: 43 Middle Road #04-00		
Business Address: 61 Circular Road Same as Registered Address		
Business Address: 61 Circular	Road	☐ Same as Registered Address
# 00-01 S(049415)		
Tel No.: 622×9938	6225075	Email Address: beehong @ Straits link. COM
	te of Registration:	Registration No.:
Singapora	13t March 1986	198600408E
Type of Entity:		
Company	☐ Sole Proprietorship ☐] Partnership
☐ Limited Liability Partnership	☐ Express Trust	
Others (Please Specify):		
Purpose and Intended Nature of Account Relationship and/or Relevant Business Transaction Undertaken		
Provide information on the purpose and intended nature of the account relationship and/or relevant business transaction undertaken. Please also state whether the transaction is for money-changing and/or for remittance purposes.		
Miney changing		
SOURCE OF FUNDS Bank Credit Line Directors' / Shareholders' / Sole Proprietor's Investments		
,,		
Others (Please Specify):		
POLITICALLY EXPOSED INDIVIDUALS:		
1. Is the beneficial owner or has the beneficial owner ever been entrusted with prominent public functions, whether in Singapore,		
in a foreign country, or in an international organisation? Ves Vo No		
☐ Yes ☑	No	
2. Is the beneficial owner or 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 🗸		
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? Tyes You No		
E.J res	NO	
Are you an agent acting on behalf of the customer? If yes, please complete the following:		
Name of Entity/Individual: (Please Circle)		
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 au	thorisation or board resolution, please attach):

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Appointment of staff acting on behalf of company to trade with Great East Forex 1) AUTHORISED TRADING PERSONNEL Full Name: IC/Passport No.: Tan Ngian Swee Nationality: Job Title: Specimen Signatur Director 2) AUTHORISED TRADING PERSONNEL Full Name: Tan Ber Hon Job Title: Specimen Signature Acounts Executive 3) AUTHORISED TRADING PERSONNEL Full Name: IC/Passport No. Nationality: Job Title: Specimen Signature: 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, tax evasion or intended for any criminal use. AUTHORISING OFFICER | Name of Director TAN NGIAN SWEEL Signature of Director and Company Stamp **DOCUMENT CHECKLIST** Form completed and signed by Authorizing Director Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of all the Authorised Trading Persons Photocopy of Identity Card (or Passport AND valid Working Pass for non-Singaporean) with photograph of Director(s) Company business profile from ACRA of not later than 6 months FOR GEF USE ONLY: