

Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS				
REGISTERED NAME: YAT YUEN HONG COMPANY LIM	ITED t/a YOTEL SINGAPORE ORCH	HARD ROAD		
REGISTERED ADDRESS:				
366 ORCHARD ROAD, SINGAPOR	RE 238904			
BUSINESS ADDRESS:		SAME AS REGISTERED ADDRESS		
AS ABOVE				
TEL NO.: 6866-8000	FAX NO.: 6866-8001	EMAIL ADDRESS: maryjane.lachica@yotel.com / jane.chan@yotel.com		
PLACE OF REGISTRATION: SINGAPORE	DATE OF REGISTRATION: 02/02/2017	REGISTRATION NO.:		
TYPE OF ENTITY:				
COMPANY	SOLE PROPRIETORSHIP	□ PARTNERSHIP		
☐ LIMITED LIABILITY PARTNERSH	P	□ EXPRESS TRUST		
OTHER LEGAL ARRANGEMENT	(Please Specify):			
OTHERS (Please Specify):				
Purpose and Intended Nature of Acco	unt Relationship and/or Relevant Busin	ess Transaction Undertaken		
HOTEL GUEST MONEY CHANGING SOURCE OF FUNDS BANK CREDIT LINE		ERS' / SOLE PROPRIETOR'S INVESTMENTS		
OTHERS (Please Specify):	· ·			
POLITICALLY EXPOSED INDIVIDUALS:				
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 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? ☐ Yes No				
spouse/ sibling/ step-sibli		a parent/ step-parent/ step-child, adopted child/ s or has been entrusted with prominent public international organisation?		
	s been entrusted with prominent pu	closely connected, either socially or professionally blic functions, whether in Singapore, in a foreign		
Are you an agent acting on behalf of	the customer? If yes, please complete t	he following:		
NAME OF ENTITY/INDIVIDUAL: (Please N/A	e Circle)			
ADDRESS:				

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I C 101 Corporate de 11	ading machor isac	1011	Great East 1 0102		
PLACE OF REGISTRATION/NATIONA	ALITY: REGISTRATION NO. /IDENTIFICATION NO.;		DATE OF REGISTRATION/ DATE OF BIRTH:		
ATIONSHIP BETWEEN AGENT(S) AND CLIENT:		BASIS OF AUTHORITY(E.g Letter of authorisation or Board resolution, please attach):			
ppointment of staff acting on	behalf of company to t	rade with Great East Forex			
) AUTHORISED TRADING PE	RSONNEL				
FULL NAME: MARY JANE LACHICA			IC/PASSPORT NO.: G6239564N		
			NATIONALITY: FILIPINO		
OB TITLE:			SPECIMEN SIGNATURE:		
DIRECTOR OF FINANCE			magic.		
AUTHORISED TRADING PE	RSONNEI				
2) AUTHORISED TRADING PERSONNEL FULL NAME:			IC/PASSPORT NO.: S8686508D		
JOCELYN LIM					
			NATIONALITY: MALAYSIAN		
JOB TITLE:			SPECIMEN SIGNATURE:		
ACCOUNTANT			Mh		
			Chill Chill		
AUTHORISING OFFICER	NAME OF DIRECTOR GE		NRIC NO.: G3276589L		
	DALY BRENDAN FRA				
	SIGNATURE OF THE CONTROL	PANAGER MANAGER EL Singapore Orchard Ro	d t/a DATE:		
	366 0	rchard Road, Singapore 238	904		
DOCUMENT CHECKLIST FOR OPE		L: 6866 8000 FAX:6866 800:			
	completed and signed by A				
			and anything		
Photocopy of Identity C <u>Trading Persons</u>	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of all the <u>Author</u> <u>Trading Persons</u>				
☐ Photocopy of Identity C	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>				
☐ Company business profi	ile from ACRA of not later t	than 6 months			
FOR GEF USE ONLY:					
REMARKS:			VERIFIED BY:		
			DATE		

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