Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS
Registered Name: BESMARK MERCHANDISING Pte Ltd
Registered Address: NO 12 Tannery Road, HB Centre #07-0: SINGAPORE 347722
Business Address:
Tel No.: 684264 Fax No.: 68427915 Email: Oviver & besmark. Lum.: Place of Registration: Registration No.:
Place of Registration: Date of Registration: Registration No.: 1992 5666C - PTE - 0
Type of Entity
☐ Company ☐ Sole Proprietorship ☐ Partnership
Limited Liability Partnership Express Trust Others (Please Specify):
Others (Please Specify): Purpose and Intended Nature of Account Relationship and/or Relevant Business Transaction Undertaken
TO Salavies and Office expenses OURCE OF FUNDS Directors' / Shareholders' / Sole Proprietor's Investments
Others (Please Specify): Company Never We
POLITICALLY EXPOSED INDIVIDUALS:
1. Is the beneficial owner or has the beneficial owner ever been entrusted with prominent public functions, whether in Singapo in a foreign country, or in an international organisation? Yes No
 Is the beneficial owner or has the beneficial owner ever been a parent/ step-parent/ step-child, adopted child/ spouse/ siblin step-sibling/ adopted sibling of anyone who is or has been entrusted with prominent public functions, whether in Singapore, a foreign country, or in an international organisation?
 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 internatio organisation? Yes 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 authorisation or board resolution, please attach):

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1) AUTHORISED TRADING PERSONNEL		
- D. I	IC/Passport No.:	Nationality:
Full Name: LIM Juat Chiew	S1487462C	Singaporein
Email:	Contact No.	Job Title: Decet 1
1/c @ besmark. Com. sq	68426948	Directo.
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name: Koh Swee Hoor Vivien	1C/Passport No.: S0107057F	Nationality: Singapore an
Email: Vivien @ besmark. wm. sq	Contact No.: 68426946	Job Title: adminishah
Specimen Signature:		Main Contact Person for GEF account enquiries
3) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
	NIM	
Email:	Contact No.:	Job Title:
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
DECLARATION: I/We have furnished the above information to the bes writing if there are any changes to be made to this for relationship are not derived from any criminal activiti AUTHORISING OFFICER	rm. I further confirm that the funds in rel	ation to these transactions or account
Name of Director:	IC/Passport No.:	Nationality:
Lim Juat Chiew	S1487462 C	Singapovean
Mc @ hermark. um S)	Contact No. 684 2694 8	☐ Main Contact Person for GEF account enquiries
Ciambra of Disease and Control of	1921	
Signature of Director and Company Stamp:	(SIN)	18/4/18
DOCUMENT CHECKLIST	(SIN)	
DOCUMENT CHECKLIST	Director	18/4/18
DOCUMENT CHECKLIST Form completed and signed by Authorizing Photocopy of Identity Card (or Passport AN	Director Divalid Working Pass for non-Singapore	an) with photograph of all the <u>Authorised</u>
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