



Company's Particulars			
Registered Name: Van Oord Dredging and Marine Contractors B.V.			
Registered Address: 20 Harbour Dr #07-02 PSA Vista SC 176121			
Tel No.: 67736643	Fax No.: 67734332	Business No.: S 87FC 3806J	
Authorized Contact Persons:		Contact No.:	Job Title:
1. Low Pei Luang ✓		—	Also Asst. Malaysian
2. Lim Lay Gek ✓		—	Also officer sporean
3)			

Document Checklist for Opening New Company Account	
<input type="checkbox"/> Updated list of <u>Authorised Contact/Trading Persons</u>	Date Last Updated:
<input checked="" type="checkbox"/> Account Opening Form completed and signed by <u>Authorizing Director</u> or Manager (subject to approval)	
<input checked="" type="checkbox"/> Photocopy of identity card (or passport for non-Singaporean) with photograph of ALL the Authorised Trading Persons	
<input checked="" type="checkbox"/> Photocopy of identity card (or passport for non-Singaporean) with photograph of <u>Director(s)</u>	
<input checked="" type="checkbox"/> Company business profile from ACRA of not later than 6 months	

For GEF use only:	
Remarks:	Verified by: Jow Leng
	Date: 2018/11/16

Customer Particulars Form KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS		
REGISTERED NAME: <i>Van Oord Dredging & Marine Contractors B.V.</i>		
REGISTERED ADDRESS: <i>20 Harbour Drive #07-02 PSA Vista S117612</i>		
BUSINESS ADDRESS: <input checked="" type="checkbox"/> SAME AS REGISTERED ADDRESS		
TEL NO.: <i>6773 6643</i>	FAX NO.: <i>6773 4332</i>	EMAIL ADDRESS: <i>off-sin@vanoord.com</i>
PLACE OF REGISTRATION: <i>spine</i>	DATE OF REGISTRATION: <i>22/10/17</i>	REGISTRATION NO.: <i>S87FC3806J</i>
TYPE OF ENTITY:		
<input type="checkbox"/> COMPANY <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> EXPRESS TRUST <input type="checkbox"/> OTHER LEGAL ARRANGEMENT (Please Specify): <input checked="" type="checkbox"/> OTHERS (Please Specify): <i>Foreign Branch</i>		
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. <i>FOR CASH NEEDS / PAYMENTS SUPPLIERS</i>		
SOURCE OF FUNDS		
<input type="checkbox"/> BANK CREDIT LINE <input type="checkbox"/> DIRECTORS' / SHAREHOLDERS' / SOLE PROPRIETOR'S INVESTMENTS <input checked="" type="checkbox"/> OTHERS (Please Specify): <i>Revenue / working capital from head office</i>		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you an agent acting on behalf of the customer? If yes, please complete the following:		
NAME OF ENTITY/INDIVIDUAL: (Please Circle)		
ADDRESS:		

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PLACE OF REGISTRATION/NATIONALITY: S'pore	REGISTRATION NO. /IDENTIFICATION NO.: 887 FC 58067	DATE OF REGISTRATION/ DATE OF BIRTH: 22/10/87
RELATIONSHIP BETWEEN AGENT(S) AND CLIENT:		BASIS OF AUTHORITY(E.g Letter of authorisation or Board resolution, please attach):

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

1) AUTHORISED TRADING PERSONNEL		
FULL NAME: LOW PEI LUANG /	IC/PASSPORT NO.: 57371848A /	NATIONALITY: Malaysian
JOB TITLE: Accounts assistant	SPECIMEN SIGNATURE: peito.	
2) AUTHORISED TRADING PERSONNEL		
FULL NAME: CHRIS LIM LAY GEK /	IC/PASSPORT NO.: 816328155 /	NATIONALITY: S'POREAN
JOB TITLE: ACCOUNTS OFFICER	SPECIMEN SIGNATURE: Jim	

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 or intended for any criminal use.

AUTHORISING OFFICER Rake	NAME OF DIRECTOR Alea manapa MARINUS PIETER MEIJERS	NRIC NO.: BFBKKHRC5 /
	SIGNATURE OF DIRECTOR AND COMPANY STAMP [Signature] 	DATE: 15/8

DOCUMENT CHECKLIST	
<input type="checkbox"/>	Form completed and signed by Authorizing Director
<input type="checkbox"/>	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of all the <u>Authorised Trading Persons</u>
<input type="checkbox"/>	Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of <u>Director(s)</u>
<input type="checkbox"/>	Company business profile from ACRA of not later than 6 months

FOR GEF USE ONLY:	
REMARKS:	VERIFIED BY: [Signature]
	DATE: 19/11/16