

Customer Particulars Form
KYC for Corporate & Trading Authorisation

CMC



大東外匯機構
Great East Forex

COMPANY'S PARTICULARS

Registered Name:

CHANGI MONEY CHANGER (S) PTE LTD

Registered Address:

25B UPPER DICKSON ROAD

Business Address:

25B UPPER DICKSON ROAD

☐ Same as Registered Address

Tel No.:

6291 1450

Fax No.:

Email:

Place of Registration:

S'pore

Date of Registration:

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Registration No.:

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.

MONEY CHANGER

SOURCE OF FUNDS

- ☐ Bank Credit Line ☒ Directors' / Shareholders' / Sole Proprietor's Investments
☐ Others (Please Specify): _____

POLITICALLY EXPOSED INDIVIDUALS:

- 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
- 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 ☒ No
- 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?
☐ 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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Appointment of staff acting on behalf of company to trade with Great East Forex

1) AUTHORISED TRADING PERSONNEL		
Full Name: MOHADEEN SAHIB Kaleel	IC/Passport No.: S7082766B	Nationality: S'porean
Email: changimoneychanger@gmail.com	Contact No.: 90078921	Job Title: Director
Specimen Signature: A. W F		<input type="checkbox"/> Main Contact Person for GEF account enquiries KALEEL
2) AUTHORISED TRADING PERSONNEL		
Full Name: MUHAMMAD STANIA RISWAN	IC/Passport No.: S8773406D	Nationality: SINGAPOREAN
Email:	Contact No.:	Job Title: RUNNER
Specimen Signature:		<input type="checkbox"/> Main Contact Person for GEF account enquiries
3) AUTHORISED TRADING PERSONNEL		
Full Name: SYED AMAMU ICABEER SYED ABBAS	IC/Passport No.: S7771260C	Nationality: INDIAN
Email:	Contact No.:	Job Title:
Specimen Signature:		<input type="checkbox"/> Main Contact Person for GEF account enquiries

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: MOHADEEN SAHIB Kaleel	IC/Passport No.: S7082766B	Nationality: S'pore
Email: changimoneychanger@gmail.com	Contact No.: 90078921	<input type="checkbox"/> Main Contact Person for GEF account enquiries
Signature of Director and Company Stamp: A. W F		Date: 16/3/18

DOCUMENT CHECKLIST

<input checked="" 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 checked="" type="checkbox"/>	Company business profile from ACRA of not later than 6 months

FOR GEF USE ONLY:	
Remarks:	Verified By:
	Date: