



Company's Particulars			
Registered Name: <b>AGIOS NIKOLAOS SHIPPING SERVICES PTE LTD</b>			
Registered Address: <b>10 Anson Rd #43-15 International Plaza S 6079903</b>			
Tel No.: <b>6327 0438</b>	Fax No.: <b>6327 0400</b>	Business No.: <b>199002364Z</b>	
Authorized Contact Persons:	Contact No.:	Job Title:	Nationality:
1. <b>Nikolaos Sarmpanis</b> ✓	—	<b>manager, port operations</b>	<b>Hellenic</b>
2. <b>Michail Dragoumanos</b> ✓	—	<b>G.M</b>	<b>Hellenic</b>
3)			

**Document Checklist for Opening New Company Account**

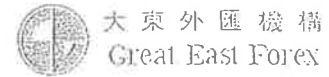
<input type="checkbox"/> Updated list of <u>Authorised Contact/Trading Persons</u>	Date Last Updated:
<input type="checkbox"/> <b>Account Opening Form completed and signed by <u>Authorizing Director</u> or Manager (subject to approval)</b>	
<input type="checkbox"/> Photocopy of identity card (or passport for non-Singaporean) with photograph of ALL the Authorised Trading Persons	
<input type="checkbox"/> Photocopy of identity card (or passport 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: <b>Sow Leng</b>
	Date: <b>16/10/17</b>

BAGS

Customer Particulars Form  
KYC for Corporate & Trading Authorisation



<b>COMPANY'S PARTICULARS</b>		
REGISTERED NAME: AGIOS NIKOLAOS SHIPPING SERVICES PTE LTD		
REGISTERED ADDRESS: 10 ANSON ROAD, #43-15 INTERNATIONAL PLAZA, SINGAPORE 079903		
BUSINESS ADDRESS: <input checked="" type="checkbox"/> SAME AS REGISTERED ADDRESS		
TEL NO.: 65-6227 0838	FAX NO.: 65-6227 0400	EMAIL ADDRESS: aisnik@singnet.com.sg
PLACE OF REGISTRATION: SINGAPORE	DATE OF REGISTRATION: 18/05/1990	REGISTRATION NO.: 1990023642
TYPE OF ENTITY:		
<input checked="" 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 type="checkbox"/> 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. CASH TO MASTER FOR VESSELS AND POSSIBLE MONEY CHANGING		
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): CLIENTS REMITTANCES FOR CASH TO MASTER PURPOSES.		
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:		

Customer Particulars Form  
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大東外匯機構  
Great East Forex

PLACE OF REGISTRATION/NATIONALITY:

SINGAPORE

REGISTRATION NO. / IDENTIFICATION NO.:

1990023642

DATE OF REGISTRATION/ DATE OF BIRTH:

18/05/1990

RELATIONSHIP BETWEEN AGENT(S) AND CLIENT:

BUSINESS RELATIONSHIP

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:

NIKOLAOS SARMPANIS

JOB TITLE:

MANAGER, PORT OPERATIONS

IC/PASSPORT NO.:

G5212664P

NATIONALITY:

HELLENIC

SPECIMEN SIGNATURE:

*[Signature]*

2) AUTHORISED TRADING PERSONNEL

FULL NAME:

MICHAEL DRAGOUMANOS

JOB TITLE:

GENERAL MANAGER

IC/PASSPORT NO.:

G5087019M

NATIONALITY:

HELLENIC

SPECIMEN SIGNATURE:

*[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 or intended for any criminal use.

AUTHORISING OFFICER

NAME OF DIRECTOR

ALEXANDROS ARGYROPOULOS

NRIC NO.:

G6288890W

SIGNATURE OF DIRECTOR AND COMPANY STAMP



DATE: 13/10/2017

*[Signature]*

DOCUMENT CHECKLIST FOR OPENING NEW COMPANY ACCOUNT

- ☐ Account opening 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:

REMARKS:

VERIFIED BY:

DATE:

*[Signature]*  
18/11/17



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大東外匯機構  
Great East Forex

PLACE OF REGISTRATION/NATIONALITY:

REGISTRATION NO. /IDENTIFICATION NO.:

DATE OF REGISTRATION/ DATE OF BIRTH:

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:

SHARIFAH SYAFIQAH BINTE SYED SALLEH ALATTAS

IC/PASSPORT NO.:

S8846057Z /

NATIONALITY:

SINGAPOREAN

JOB TITLE:

SECRETARY ASSISTANT

SPECIMEN SIGNATURE:

Sharifah

2) AUTHORISED TRADING PERSONNEL

FULL NAME:

IC/PASSPORT NO.:

NATIONALITY:

JOB TITLE:

SPECIMEN SIGNATURE:

DECLARATION:

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AUTHORISING OFFICER

NAME OF DIRECTOR

ALEXANDROS ARGYROPOULOS

NRIC NO.:

G6288890 W /

SIGNATURE OF DIRECTOR AND COMPANY STAMP



DATE:

13/10/2017

Signature

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