

Customer Particulars Form

KYC for Corporate & Trading Authorisation



大東外匯機構
Great East Forex

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| COMPANY'S PARTICULARS | | |
| Registered Name: OV LOGISTICS PTE LTD | | |
| Registered Address: 120 LOWER DELTA ROAD, #14-11, CENDEX CENTRE, SINGAPORE 169208 | | |
| Business Address: <input checked="" type="checkbox"/> Same as Registered Address | | |
| Tel No.: 6273 2777 | Fax No.: 6273 7572 | Email Address: SUSAN@PHEE.COM.SG |
| Place of Registration: SINGAPORE | Date of Registration: 22/05/1997 | Registration No.: 199703434W |
| 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"/> 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 CHANGING / REMITTANCE | | |
| 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): BUSINESS REVENUE | | |
| 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: | | |
| 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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大東外匯機構
Great East Forex

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

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| 1) AUTHORISED TRADING PERSONNEL | |
| Full Name: FOO SHI LI | IC/Passport No.: S8605715H |
| | Nationality: SINGAPOREAN |
| Job Title: GROUP FINANCE HEAD | Specimen Signature: |
| 2) AUTHORISED TRADING PERSONNEL | |
| Full Name: NEO SEOK TIN | IC/Passport No.: S1506095F |
| | Nationality: SINGAPOREAN |
| Job Title: FINANCE MANAGER | Specimen Signature: |
| 3) AUTHORISED TRADING PERSONNEL | |
| Full Name: | IC/Passport No.: |
| | Nationality: |
| Job Title: | Specimen 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, tax evasion or intended for any criminal use.

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| AUTHORISING OFFICER | Name of Director PHEE CHENG KOON | IC/Passport No.: S1781573C |
| | Signature of Director and Company Stamp   | Date: 04/01/2018 |

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| 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 |

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