Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS					
REGISTERED NAME:					
SHIBUYA SAKURA IN	NOUSTRIES (S) PTE LT	D			
REGISTERED ADDRESS:	-10 SHENTAN HOUSE				
SINCIAPORE 068605	10 0 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
BUSINESS ADDRESS:	1 - 11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1	☐ SAME AS REGISTERED ADDRESS			
! TEL NO.:	FAX NO.:	EMAIL ADDRESS:			
+65 6459 1622	+65 6458 4005				
PLACE OF REGISTRATION:	DATE OF REGISTRATION:	REGISTRATION NO.:			
SINGIAPORE	03/10/1997	1997,0690,8E			
TYPE OF ENTITY:					
✓ COMPANY	□ SOLE PROPRIETORSHIP	☐ PARTNERSHIP			
LIMITED LIABILITY PARTNERSH	IIP	☐ EXPRESS TRUST			
☐ OTHER LEGAL ARRANGEMENT (Please Specify):					
☐ OTHERS (Please Specify):					
Purpose and Intended Nature of Acco	ount Relationship and/or Relevant Busi	noss Transaction Undertaken			
		onship and/or relevant business transaction undertaken.			
	tion is for money-changing and/or for re				
SOURCE OF FUNDS BANK CREDIT LINE	DIRECTORS' / SHAREHOLD	DERS' / SOLE PROPRIETOR'S INVESTMENTS			
	BDING BUSINESS INCOME	JERS / SULE PROPRIETOR STINVESTIMENTS			
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? ☐ Yes ☑ No					
□ res	M 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					
	gapore, in a foreign country, or in ar	n international organisation?			
□ Yes	M No				
3. Is the beneficial owner or	has the beneficial owner ever been	closely connected, either socially or professionally			
		blic functions, whether in Singapore, in a foreign			
country, or in an internat					
☐ Yes	No	¥			
Are you an agent acting on behalf of	the customer? If was inlease complete t				
NAME OF ENTITY/INDIVIDUAL: (Please	ine customer: ij yes, pieuse compiete t	he following:			
	· Circle)	he following:			
		he following:			
ADDRESS:	· Circle)	he following:			

RELATIONSHIP BETWEEN AGENT(S) AND CLIENT: PAPPOINTMENT OF Staff acting on behalf of company to trade with Great East Forex 1) AUTHORISED TRADING PERSONNEL FULL NAME: PARICH SAUDIC KISHORE KUMBR JOB TITLE: DIRECTOR 2) AUTHORISED TRADING PERSONNEL FULL NAME: RAGHRYAN LAKSHMAN JOB TITLE: CHIEF FINANCIAL OFFICER DECLARATION: JOB TITLE: CHIEF FINANCIAL OFFICER DECLARATION: JOB TITLE: CHIEF FINANCIAL OFFICER AUTHORISING OFFICER NAME OF DIRECTOR NAME OF DIRECTOR SIGNATURE: AUTHORISING OFFICER NAME OF DIRECTOR NAME OF DIRECTOR SIGNATURE OF DIRECTOR AND COMPANY STAMP SAUDING SIGNATURE: NAME OF DIRECTOR AND COMPANY STAMP SAUDING SIGNATURE OF DIRECTOR AND AND ARRADA SION NAME NAME OF DIRECTOR AND COMPANY STAMP SAUDING SIGNATURE OF DIRECTOR ACCOUNT ACCOUNT OPENING NEW COMPANY ACCOUNT ACCOUNT OPENING NEW COMPANY ACCOUNT ACCOUNT OPENING NEW COMPANY ACCOUNT Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of Director Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of Director Company business profile from ACRA of not later than 6 months FOR GEF USE ONLY:	rm ng Authorisation	大東外匯機構 Great East Forex		
Appointment of staff acting on behalf of company to trade with Great East Forex 1) AUTHORISED TRADING PERSONNEL FULL NAME: PORTICH SHOWL KISHOKE KUMBR STELLE DIRECTOR 2) AUTHORISED TRADING PERSONNEL FULL NAME: REGISHAND CAKSHMAN LICPASSPORT NO: SPECIMEN SIGNATURE: 2) AUTHORISED TRADING PERSONNEL FULL NAME: REGISHAND CAKSHMAN LICPASSPORT NO: CA 53.0 5.2 ** NATIONALITY: LINDIAN SPECIMEN SIGNATURE: DECLARATION: LIVE FINANCIAL OFFICER DECLARATION: LIVE have furnished the above information to the best of my knowledge, information and belief, and will duly inform Graviting if there are any changes to be made to this form. If urther confirm that the funds in relation to these transaction relationship are not derived from any criminal activities or intended for any criminal use. AUTHORISING OFFICER NAME OF DIRECTOR NAME OF DIRECTOR NAME OF DIRECTOR NAME OF DIRECTOR NAME OF DIRECTOR AND COMPANY STAMP SIGNATURE OF DIRECTOR AND COMPANY STAMP SIGNATURE OF DIRECTOR AND COMPANY STAMP SIGNATURE OF DIRECTOR 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 Director Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of Director Company business profile from ACRA of not later than 6 months FOR GEF USE ONLY:	: REGISTRATION NO. /IDENTIFICATION NO.;	OF REGISTRATION/NATIONALITY: REGIST	DATE OF REGISTRATION/ DATE OF BIRTH:	
AUTHORISED TRADING PERSONNEL FULL NAME: PARICH SHUME CORRESPORT NO.: STATIBLE DIRECTOR PECIMEN SIGNATURE: PORTITLE: CHIEF FINANCIAL OFFICER DECLARATION: I/We have furnished the above information to the best of my knowledge, information and belief, and will duly inform of writing if there are any changes to be made to this form. I further confirm that the funds in relation to these transaction relationship are not derived from any criminal activities or intended for any criminal use. AUTHORISING OFFICER NAME OF DIRECTOR 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- Trading Persons Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of Director Company business profile from ACRA of not later than 6 months		NSHIP BETWEEN AGENT(S) AND CLIENT:		
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DECLARATION: I/We have furnished the above information to the best of my knowledge, information and belief, and will duly inform Givertianship are not derived from any criminal activities or intended for any criminal use. AUTHORISING OFFICER NAME OF DIRECTOR AND COMPANY STAMP SALE: 2 1/2 1/2 1/2 0/3 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 Director Company business profile from ACRA of not later than 6 months FOR GEF-USE ONLY:	NNEL	ITHORISED TRADING PERSONNEL		
SPECIMEN SIGNATURE: AUTHORISED TRADING PERSONNEL FULL NAME: RAGHAVAN CAKSHMAN IC/PASSPORT NO.: (R53052* NATIONALITY: INDIAN INVENTAGE INTERPORT SIGNATURE: DECLARATION: I/We have furnished the above information to the best of my knowledge, information and belief, and will duly inform Giventing if there are any changes to be made to this form. I further confirm that the funds in relation to these transaction relationship are not derived from any criminal activities or intended for any criminal use. AUTHORISING OFFICER NAME OF DIRECTOR NAME OF DIRECTOR AND COMPANY STAMPS SIGNATURE OF DIRECTOR AND COMPANY STAMPS SIGNATURE OF DIRECTOR AND COMPANY STAMPS ACCOUNT Opening form completed and signed by Authorizing Director 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 Director Company business profile from ACRA of not later than 6 months FOR GEF USE ONLY:	HORE KUMAR		S4913209H NATIONALITY:	
AUTHORISED TRADING PERSONNEL FOR GEF USE ONLY: IC/PASSPORT NO.: CA 53052* NATIONALITY: IC/PASSPORT NO.: CA 53052* NATIONALITY: IC/PASSPORT NO.: CA 53052* NATIONALITY: INDIAN IC/PASSPORT NO.: CA 53052* NATIONALITY: INDIAN SPECIMEN SIGNATURE: DECLARATION: IVIDEAN SPECIMEN SIGNATURE: DECLARATION: IVIDEAN SPECIMEN SIGNATURE: DECLARATION: IVIDEAN SPECIMEN SIGNATURE: DECLARATION: IVIDEAN SPECIMEN SIGNATURE: NAME OF DIRECTOR NAME OF DIRECTOR NAME OF DIRECTOR AND COMPANY STAMP SIGNATURE OF DIRECTOR AND COMPANY STAMP DATE: 2 1/12/20/3 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 Director Company business profile from ACRA of not later than 6 months FOR GEF USE ONLY:		LE: DIRECTOR		
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DECLARATION: I/We have furnished the above information to the best of my knowledge, information and belief, and will duly inform Giventing if there are any changes to be made to this form. I further confirm that the funds in relation to these transaction relationship are not derived from any criminal activities or intended for any criminal use. AUTHORISING OFFICER NAME OF DIRECTOR NAND DARAJA SO NADARAJAH SIGNATURE OF DIRECTOR AND COMPANY STAMPS ST				
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 □ Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of all Trading Persons □ Photocopy of Identity Card (or Passport and valid Working Pass for non-Singaporean) with photograph of Direction Company business profile from ACRA of not later than 6 months FOR GEF USE ONLY:	NEW COMPANY ACCOUNT	MENT CHECKLIST FOR OPENING NEW COMPAN	<u>/</u>	
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FOR GEF USE ONLY:	or Passport and valid Working Pass for non-Singapo	Photocopy of Identity Card (or Passport and	an) with photograph of <u>Director(s)</u>	
	m ACRA of not later than 6 months	Company business profile from ACRA of not		
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REMARKS VERIFIED BY			VERIFIED BY:	