## Customer Particulars Form KYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name: YACHTING SINGAPORE PIE LID		
Registered Address: 1092 LOWER DELTA ROAD #02-12 \$169205		
Business Address:		Same as Registered Address
Tel No.: 63765120	Fax No.: 63765124	Email: farge yachtingsinggare: con
Place of Registration:	Date of Registration: 01/07/2003	Registration No.: 2003 0 6152 6
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.		
CASH TO MISTER		
SOURCE OF FUNDS		Carlotte Service Control of the Cont
□ Bank Credit Line □ Directors' / Shareholders' / Sole Proprietor's Investments		
☐ Others (Please Specify):		
POLITICALLY EXPOSED INDIVIDUALS:		
<ol> <li>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?</li> <li>Yes</li> <li>No</li> </ol>		
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?  Yes  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? No		
Are you an agent acting on behalf of the customer? If yes, please complete the following:		
Name of Entity Individual: (Please Circle)	As above	
Address: As above		
Place of Registration/Nationality:	Registration No. /Identification N	
Relationship between Agent and Client:	Basis of Authority (E.g Letter of a	authorisation or board resolution, please attach):  Authorisation Institution

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Appointment of staff acting on behalf of company to trade with Great East Forex 1) AUTHORISED TRADING PERSONNEL IC/Passport No.: Nationality: Full Name: Job Title: Contact No.: Email: Main Contact Person for GEF account Specimen Signature: enquiries 2) AUTHORISED TRADING PERSONNEL IC/Passport No.: Nationality: Full Name: Job Title: Contact No. Fmail: Specimen Signature: ☐ Main Contact Person for GEF account enquiries 3) AUTHORISED TRADING PERSONNEL Full Name: IC/Passport No.: Nationality: Contact No.: Job Title: Email: Specimen Signature: ☐ 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** Nationality: S (pse IC/Passport No.: Name of Director: FANG (East kind)

Fang exacting sing aprice: Com Main Contact Person for GEF account Email: enquiries Signature of Director and Company Stamp: Date: 27/3/2018 DOCUMENT CHECKLIST 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: