Customer Particulars Form IKYC for Corporate & Trading Authorisation



COMPANY'S PARTICULARS		
Registered Name: NEPA CHEMICAL AND	LOGISTIC PTE LTD	
Registered Address: 116 SERANGOON NO	ORTH AVENUE 1, #08-505, HWI YOH	VILLE, SINGAPORE 550116
Business Address:		☑ Same as Registered Address
Tel No.: 62239028	Fax No.: N.A	Email: ops.nepasin@gmail.com / nepasin@gmail.com
		critical operation of repeating graduation
Place of Registration:	Date of Registration:	Registration No.: 201528948W
SINGAPORE	14/07/2015	
Type of Entity:		
M Company	Sole Proprietorship	 Partnership
 Limited Liability Partnership 	☐ Express Trust	
☐ Others (Please Specify):		
Purpose and Intended Nature of Accoun	t Relationship and/or Relevant Bus	iness Transaction Undertaken
Provide information on the purpose and i	ntended nature of the account relat	ionship and/or relevant business transaction undertaken.
Please also state whether the transaction		emittance purposes. of Delivery Cash onboard to Merchant Ships (Vessels) that
		Agent by the ship's owners & managers. The purpose of the
Cash delivery to the ships are intended for		
SOURCE OF FUNDS		
Bank Credit Line	☑ <u>Directors'</u> / Shareholders' /	/ Sole Proprietor's Investments
Others (Please Specify):		
POLITICALLY EXPOSED INDIVIDUALS:		
 Is the beneficial owner or has t in a foreign country, or in an in 		usted with prominent public functions, whether in Singapore,
☐ Yes	No No	
		rent/ step-parent/ step-child, adopted child/ spouse/ sibling/ ed with prominent public functions, whether in Singapore, in
a foreign country, or in an inter		ed with profithent public functions, whether in singapore, in
□ Yes		
Is the beneficial owner or has t	ha hawafiaini naan aan baan alaa	the second of the second secon
		ly connected, either socially or professionally with anyone ether in Singapore, in a foreign country, or in an international
organisation?	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
□ Yes	⊠ <u>No</u>	
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	on No.: Date of Registration/ Date of Birth:
race of negatiation/Nationality.	negotiation No. /Identificatio	Date of negistration/ Date of Birth:
Relationship between Agent and Client:	Racis of Authority /E a Lattac	of authorization or board recolution, places attackly
relationship between Agent and Client:	pasis of Authority (E.g Letter (of authorisation or board resolution, please attach):

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AUTHORISED TRADING PERSONNEL		
Full Name: KOH BOON KWANG	IC/Passport No.: S0031142A	Nationality: SINGAPOREAN
email: OPS.NEPASIN@GMAIL.COM	Contact No.: 90066860	Job Title: DIRECTOR
Specimen Signature:		☑ Main Contact Person for GEF account enquiries
2) AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
Email:	Contact No.:	Job Title:
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
AUTHORISED TRADING PERSONNEL		
Full Name:	IC/Passport No.:	Nationality:
Email:	Contact No.:	Job Title:
Specimen Signature:		☐ Main Contact Person for GEF account enquiries
writing if there are any changes to be made to	this form. I further confirm that the funds in	belief, and will duly inform Great East Forex in relation to these transactions or account
We have furnished the above information to writing if there are any changes to be made to relationship are not derived from any crimina. AUTHORISING OFFICER	o this form. I further confirm that the funds in activities, tax evasion or intended for any cri	relation to these transactions or account minal use.
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