**${firm\_name}**

**PART 1 - INFORMATION AND VERIFICATION OF IDENTITY FORM FOR INDIVIDUAL / CORPORATE SHAREHOLDERS**

**Section A - Information of Client**



**Contact Person Details**

|  |  |
| --- | --- |
| Full Name (including any alias) |  |
| Identity Card No. / Passport No. / Birth Certificate No. |  |
| Residential Address |  |
| Date of Birth |  |
| Nationality |  |
| Contact No. and email address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Business entity's information** |

|  |  |
| --- | --- |
| Name of Entity | ${Company current name} |
| Unique Entity No. (UEN) | ${UEN} |
| Registered Office Address /  Address of place of Business | ${Address - new} |
| Place of Registration  /Incorporation | ${client\_country\_of\_incorporation} |
| Contact No. |  |
| Nature of Business | ${activity1} |

**Section B - Director's Particulars**

${cloneDirectorTable}

|  |  |
| --- | --- |
| Full Name (including any alias) | ${Officers - name} |
| Identity Card No. / Passport No./  Birth Certificate No. | ${Officers IC} |
| Residential Address | ${Officers - address} |
| Date of Birth | ${Officers - DOB} |
| Nationality | ${OFFICERS NATIONALITY} |
| Contact No and email address | ${Officers - contact and email} |

${pageBreakDirector}

${/cloneDirectorTable}

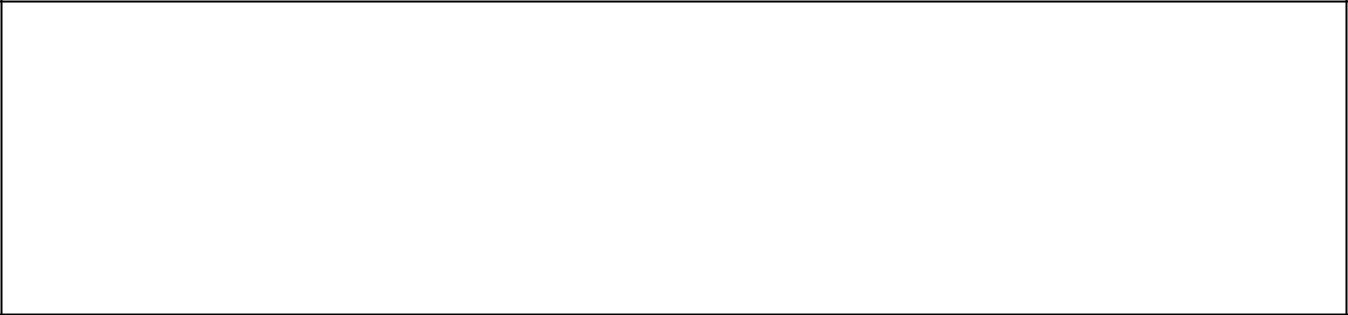
Please provide the following due diligence documents:

for each individual director

* a certified true copy of passposrt/Identity card
* an original / certified true copy of proof of address in English within the last 3 month (e.g. utility bill/ phone bill)

**${cloneBlockBeneficialOwner}**

**Section C- Information of Client's Beneficial Owners (s)**



The purpose of obtaining beneficial owners' information is to:

1. Identify the natural persons (whether acting alone or together) who ultimately own all the assets or understandings of the client;
2. If there is doubt as to whether the natural persons who ultimately own all the assets or undertakings of the client are the beneficial owners or where no natural persons ultimately own all the assets or undertakings of the client, to then identify the natural persons (if any) who ultimately control the business entity or have ultimate effective control over the client; and
3. Where no natural persons are identified above, to identify the natural persons having executive authority in the client, or in equivalent or similar positions.

**${number}. Beneficial Owner (${member\_type})**

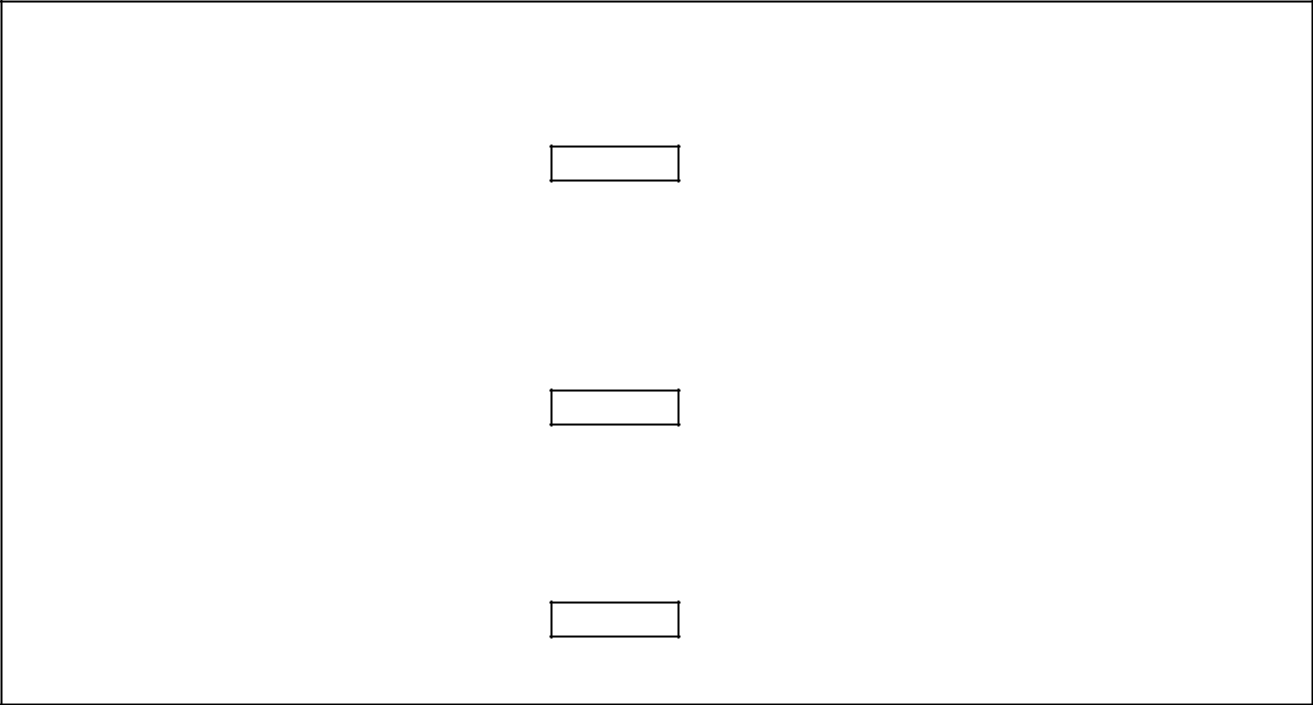
|  |  |
| --- | --- |
| (a) Full Name : | ${Allotment - members} |
| (b) ${identity\_name}: | ${Allotment - members ID} |
|  |  |
| (c) Register Address: | ${Allotment - members address line 1} |
| ${Allotment - members address line 2} |
| (d) ${nation\_name} : | ${Allotment - members nationality} |
| (e) Telephone: | ${Allotment - members telephone} |
| (f) Email: | ${Allotment - members email} |
| (g) Occupation: | ${Allotment - members officers occupation} |
| (h) % of ownership | ${percentage number of share}% |
| (i) Number of shares | ${Allotment - number of shares} |

* a certified true copy of passposrt/Identity card
* an original / certified true copy of proof of address in English within the last 3 month (e.g. utility bill/ phone bill)

**${/cloneBlockBeneficialOwner}**

**${cloneBlock}**

**Section D - Information of Politically Exposed Persons, their Immediate Family Members and Close Associates**



Are any of the persons listed above a politically exposed person, that is, a person who is or has been entrusted with any prominent public function in Singapore, a country or territory outside Singapore, or by an international organisation at present?

|  |  |  |
| --- | --- | --- |
| Yes |  | No |

Are any of the persons listed above a politically exposed person that is, a person who has been entrusted with any prominent public function in Singapore, a country or territory outside Singapore, or by an international organisation who has stepped down from his prominent public function?

|  |  |  |
| --- | --- | --- |
| Yes |  | No |

Are any of the persons listed above an immediate family member or a close associate of a politically exposed person or a politically exposed person who has stepped down?

|  |  |  |
| --- | --- | --- |
| Yes |  | No |

If any of the above answer is "Yes", please proceed to fill in the PEP form for each politically exposed person, immediate family member or close associate identified.

**Section E - Declaration**

1. confirm that the above information provided in this form is true and correct. I am aware that I may be subject to prosecution and criminal sanctions under written law if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.

|  |  |
| --- | --- |
| Name of Client | ${Director Member Name} |
| Identity No. / Passport No. | ${Director Member IC} |
| Designation | ${Director Member Designation} |
| Date |  |
| Signature |  |
|  |  |

${pageBreakHere}

**${/cloneblock}**

**PART 2 - FORM FOR POLITICALLY EXPOSED PERSONS**

**Section A - Information about Politically Exposed Persons, their Immediate Family Members and Close Associates**



Name of Politically Exposed Person and

background/purpose of any transaction

that registered FA is required to carry out



Describe nature of prominent public

function that the person is or has been

entrusted with ( for example, as a

domestic politically exposed person, a

foreign politically exposed person, or a

politically exposed person of an

international organisation)



Period of time in which the person is /

was a politically exposed person



Provide information on the person's

source of wealth



Provide information on the person's

source of funds in the proposed

business relationship





Name of person who is an immediate

family member of a politically exposed

person and background/purpose of any

transaction that registered FA is required

to carry out



Describe nature of the person's

relationship with the politically exposed



Provide information on the person's

source of wealth



Provide information on the person's

source of funds in the proposed

business relationship



Name of person who is a close associate

of a politically exposed person and

background / purpose of any transaction

that registered FA is required to carry out



Describe nature of the person's

relationship with the politically exposed

person

Provide information on the person's

source of wealth



Provide information on the person's

source of funds in the proposed

business relationship



Please attach all relevant supporting documents on screening and searches performed for politically exposed persons, their immediate family members and close associates :

* Google searches
* Compliance database search results

**Section B - Client's / Agent's Declaration**

I declare that the information provided in this form is true and correct. I am aware that I may be subject to prosecution and criminal sanctions if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.

Name of Client/ Agent



Identity No. / Passport No.



Date



Signature

