

Declaration of Company's Information

Company Name: _____

Business Registration No: _____

Section 1: Nature of Business

- Trading/Wholesale
 Manufacturing
 Retail
 Service
 E-Commerce
 Investment Holding
 Trust Account
 Funds Account
 Others: _____

Section 2: Business Activities

Section 3: Business Information

Anticipated Transaction Activity (Expected monthly volume. May select more than one)		Purpose of account
Expected Number of Outward Payments: _____ Mode of Outward Payments: <input type="checkbox"/> Cash/Cheque <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Telegraphic Transfer <input type="checkbox"/> Giro/DDA	Expected Number of Inward Receipts: _____ Mode of Inward Receipts: <input type="checkbox"/> Cash/Cheque <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Telegraphic Transfer <input type="checkbox"/> Giro/DDA	<input type="checkbox"/> Business Operation <input type="checkbox"/> Holding Funds <input type="checkbox"/> Investments Payments and Receipts <input type="checkbox"/> As a Client Account <input type="checkbox"/> Shareholders' Loan <input type="checkbox"/> Special Purpose Vehicle (SPV) <input type="checkbox"/> Others: _____

To be completed by Trading & Manufacturing Business (Trading & Manufacturing Suppliers/Customers)

Name of Supplier (minimum 1)	Country	Name of Customer (minimum 1)	Country

To be completed by Trust Account/Ultimate Beneficial Owner is a Trust

Name of Trust: _____ Name of Trustee: _____ Name of Settlor/Grantor: _____ NRIC/Passport/Company Registration Number of Settlor/Grantor: _____ Country of Incorporation: _____ Name of Protector: _____ NRIC/Passport/Company Registration Number of Protector: _____	Type/Purpose of the Trust: <input type="checkbox"/> Family Trust <input type="checkbox"/> Fixed Beneficial Trust <input type="checkbox"/> Discretionary Trust <input type="checkbox"/> Other, please specify below: _____ _____ _____
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Beneficiaries of the Trust (To attach current passport/NRIC copy, duly certified true by a Lawyer/Chartered Public Accountant/Notary Public/Justice of Peace who is practicing/licensed in a FATF member country)

Name	NRIC/Passport Number	Nationality	Relationship to Settlor/Grantor

To be completed by Fund Companies	To be completed by Investment Companies (including Personal Investment Companies)
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Is the Company/Fund(s) regulated: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Country: _____ Is there any Fund/Investment Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Is Fund/Investment Manager regulated: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Country: _____ Is there any Fund Custodian: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Is there any Fund Administrator: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Is Fund Administrator regulated: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Country: _____ Is the Fund Administrator wholly owned by a Company that is listed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Country of Listing: _____	List the types of investments/ Name of Subsidiaries: _____ _____ _____ Country of Investment(s): _____ _____
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Section 4: Sanctions Certification

Business Industry:

(if your business belongs to any of the following Industries, please tick the respective box(es) and complete the Sanctions Certification Section)

Shipping/Shipbuilding Automotive Port Operations Petrochemicals

Petroleum (including Crude Oil)/Petroleum Products Energy (including Nuclear)

Precious Metals/Mineral Insurance/Reinsurance/Underwriting Military/Defence

Sanctions Certification Section:

DBS Bank is subject to, and is committed to compliance with, sanctions laws and regulations in various jurisdictions around the world. In furtherance of these compliance efforts, we require that our customers complete this sanctions certification form.

We hereby certify that (select one option):

(A) the account(s) / relationship(s) that our company maintains with DBS Bank will not be used in any manner whatsoever, whether directly or indirectly, in connection with any projects, contracts or transactions relating to a Sanctioned Country, Sanctioned Person or Sanctioned Entity*

(B) the account(s) / relationship(s) that our company maintains with DBS Bank will be used in connection with a project(s), contract(s) or transaction(s) relating to a Sanctioned Country, Sanctioned Person or Sanctioned Entity*. An explanation is provided below:

Details to be provided if option (B) is chosen:

*Sanctioned Countries include North Korea, Iran, Syria, Cuba, Sudan, South Sudan, Myanmar, Cote d'Ivoire (also known as the Ivory Coast), Iraq, Liberia, Somalia, Afghanistan, Belarus, Lebanon, Republic of Guinea, Democratic Republic of the Congo, Eritrea, Libya and Zimbabwe. This list is subject to change.

A Sanctioned Person or Sanctioned Entity includes any person or entity designated for sanctions reasons by the United Nations Security Council, the Monetary Authority of Singapore, the European Union, the United States (including but not limited to the Specially Designated Nationals ('SDN') List or Executive Order 13224) or other local regulators.

Is there presence of Nominee Shareholder(s): Yes No

I. Is any of the nominee shareholders a Financial Institution: Yes No

II. Is the nominee shareholder regulated and which country: Yes No

Country: _____

III. Is the nominee shareholder listed on a Stock Exchange: Yes No

Which Stock Exchange: _____

Is the nominee arrangement made in its professional capacity: Yes No

List of main countries where your company derive main revenue from:	Country where principal place of business is located: (e.g. where is main operating office/Board of Directors' residence)

Section 5: To list - Sole Proprietor/Partner(s)/Director(s)/Principal Shareholder(s)/Ultimate Beneficial Owner(s)
Please provide details and source of wealth of the Ultimate Beneficial Owner (UBO) and any individual(s) who exercises ultimate effective control over your company.

Name: _____

Passport/NRIC/Business Registration No: _____

Nationality: _____ Date of Birth: _____

Sole Prop/Partner/Company Director Individual who exercises ultimate effective control over the company

Principal Shareholder _____% Ultimate Beneficial Owner _____%
 (To complete source of wealth section)

Source of Wealth of Ultimate Beneficial Owner

Savings from Employment Income (include self-employed)
 Name of Employer: _____ Industry: _____

Year of Employment: _____ Position Held: _____

Inheritance:
 Name of Benefactor: _____ Relationship to Benefactor: _____

Share Investment/Maturing Investment (e.g. Insurance) /Property Sales

Other Income (please elaborate) _____

Name: _____

Passport/NRIC/Business Registration No: _____

Nationality: _____ Date of Birth: _____

Sole Prop/Partner/Company Director Individual who exercises ultimate effective control over the company

Principal Shareholder _____% Ultimate Beneficial Owner _____%
 (To complete source of wealth section)

Source of Wealth of Ultimate Beneficial Owner

Savings from Employment Income (include self-employed)
 Name of Employer: _____ Industry: _____

Year of Employment: _____ Position Held: _____

Inheritance:
 Name of Benefactor: _____ Relationship to Benefactor: _____

Share Investment/Maturing Investment (e.g. Insurance) /Property Sales

Other Income (please elaborate) _____

Name: _____

Passport/NRIC/Business Registration No: _____

Nationality: _____ Date of Birth: _____

Sole Prop/Partner/Company Director Individual who exercises ultimate effective control over the company

Principal Shareholder _____% Ultimate Beneficial Owner _____%
 (To complete source of wealth section)

Source of Wealth of Ultimate Beneficial Owner

Savings from Employment Income (include self-employed)
 Name of Employer: _____ Industry: _____

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Share Investment/Maturing Investment (e.g. Insurance) /Property Sales

Other Income (please elaborate) _____

Section 5: To list - Sole Proprietor/Partner(s)/Director(s)/Principal Shareholder(s)/Ultimate Beneficial Owner(s)
Please provide details and source of wealth of the Ultimate Beneficial Owner (UBO) and any individual(s) who exercises ultimate effective control over your company.

Name: _____

Passport/NRIC/Business Registration No: _____

Nationality: _____ Date of Birth: _____

Sole Prop/Partner/Company Director Individual who exercises ultimate effective control over the company

Principal Shareholder _____% Ultimate Beneficial Owner _____%
 (To complete source of wealth section)

Source of Wealth of Ultimate Beneficial Owner

Savings from Employment Income (include self-employed)
 Name of Employer: _____ Industry: _____

Year of Employment: _____ Position Held: _____

Inheritance:
 Name of Benefactor: _____ Relationship to Benefactor: _____

Share Investment/Maturing Investment (e.g. Insurance) /Property Sales

Other Income (please elaborate) _____

Name: _____

Passport/NRIC/Business Registration No: _____

Nationality: _____ Date of Birth: _____

Sole Prop/Partner/Company Director Individual who exercises ultimate effective control over the company

Principal Shareholder _____% Ultimate Beneficial Owner _____%
 (To complete source of wealth section)

Source of Wealth of Ultimate Beneficial Owner

Savings from Employment Income (include self-employed)
 Name of Employer: _____ Industry: _____

Year of Employment: _____ Position Held: _____

Inheritance:
 Name of Benefactor: _____ Relationship to Benefactor: _____

Share Investment/Maturing Investment (e.g. Insurance) /Property Sales

Other Income (please elaborate) _____

Name: _____

Passport/NRIC/Business Registration No: _____

Nationality: _____ Date of Birth: _____

Sole Prop/Partner/Company Director Individual who exercises ultimate effective control over the company

Principal Shareholder _____% Ultimate Beneficial Owner _____%
 (To complete source of wealth section)

Source of Wealth of Ultimate Beneficial Owner

Savings from Employment Income (include self-employed)
 Name of Employer: _____ Industry: _____

Year of Employment: _____ Position Held: _____

Inheritance:
 Name of Benefactor: _____ Relationship to Benefactor: _____

Share Investment/Maturing Investment (e.g. Insurance) /Property Sales

Other Income (please elaborate) _____

SECTION 6: Company Ownership Chart (Shareholders Chart) showing all level of shareholders and the Ultimate Beneficial Owner(s)
(may attach company's existing ownership duly confirmed and signed by 2 Directors/ 1 Director and Co. Secretary)

I/We as Sole Proprietor/Partner(s)/Director(s) and/or Ultimate Beneficial Owner(s), hereby declare that the information listed in this Declaration of Company Information Form above is accurate, complete and true.

We undertake to keep DBS Bank Ltd informed of any changes made to the company's Sole Proprietor/Partner(s)/Director(s), Ownership and Nature of Business furnished in this declaration in future.

For this Customer Review purpose, you may contact the following person:

Name: _____

Designation: _____

Contact Number: _____

Email Address: _____

Name & Signature*

Designation:

Contact Number:

Email Address:

Name & Signature*

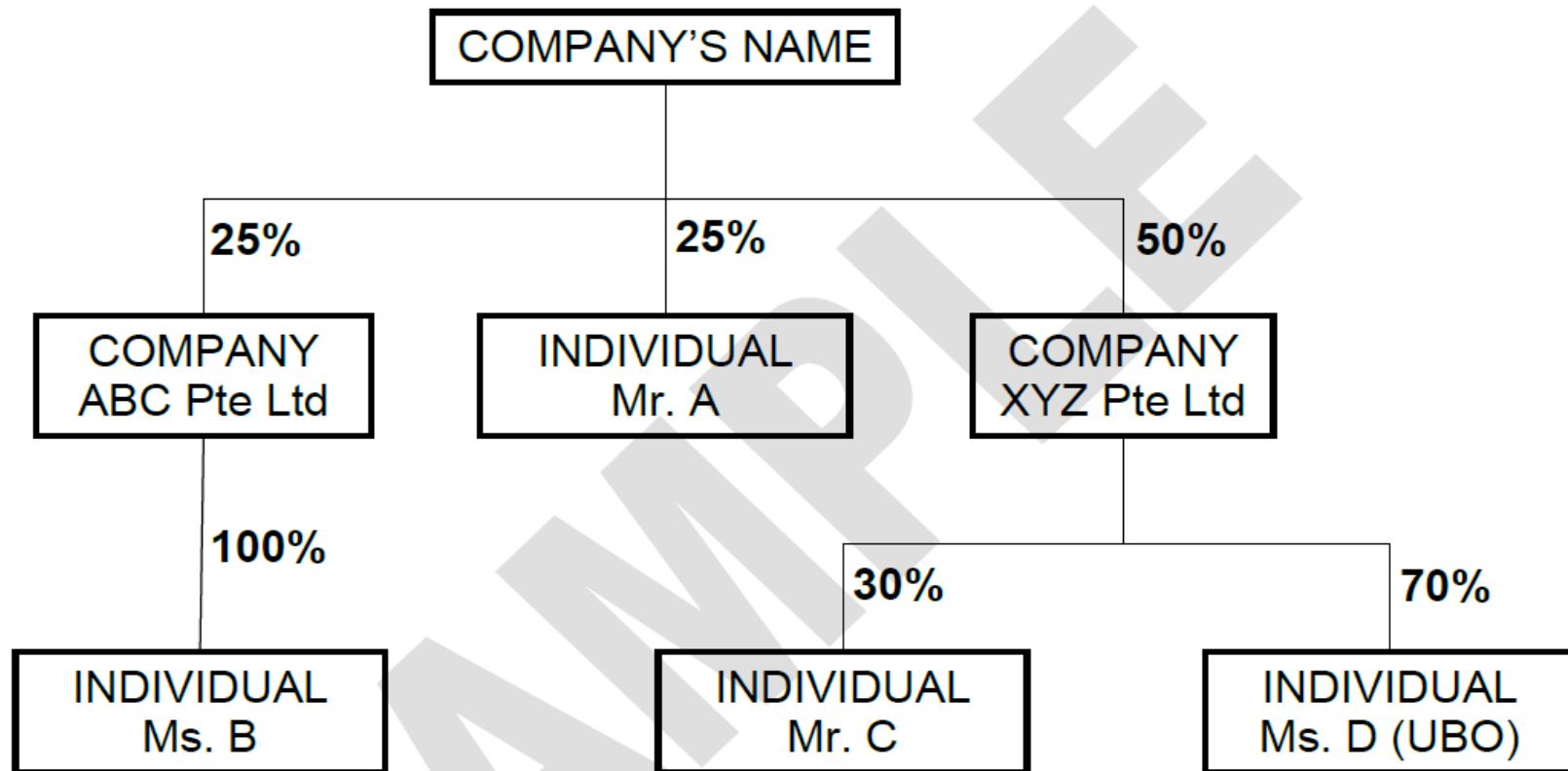
Designation:

Contact Number:

Email Address:

**(To be signed by 2 Directors OR ALL Ultimate Beneficial Owner(s). Trustee to sign for Trust Account)*

Company Ownership Chart (Sample Only)



* *Company Ownership Chart must show all levels of Shareholder(s) and Ultimate Beneficial Owner(s) (UBO).*

** *For Ultimate Beneficial Owner(s), please complete Section 2 of Page 2 of the Declaration of Company's Information.*

*** *Ultimate Beneficial Owner(s) (UBO) must be a natural person or a listed company.*

Confirmed and Signed by 1 Director
(also an authorised signer):

Mr. S Matthew 12/12/2012

(Director's signature/Name/Date)