**Annexure A – Beneficial Owner**

Please complete an Annexure A for each and every beneficial owner (BO) or person having executive authority if there is no BO.

All information requested in this form is required to be provided in full for client acceptance. If a question or field is not applicable, please mark “N.A.” in the space provided. Please use the “+” function in the tables to add rows where relevant. The “+” function can be viewed by clicking on a row in a table to be filled.

All information declared must be true and correct. Documents to verify the information will be requested.

|  |  |
| --- | --- |
| **Section A: Personal Particulars** | |
| Full Name |  |
| Alias, if any |  |
| Identity Card or Passport Number |  |
| Nationality |  |
| Date of birth |  |
| Residential address |  |
| Telephone number |  |
| Email address |  |

|  |  |  |
| --- | --- | --- |
| **Section B: Employment/ Business Details** | | |
| 1. | Employment status  If unemployed, please state the individual’s last employment details in (2) below. | Employed/  Self-employed/  Unemployed |
| 2 | Occupation |  |
| 3 | If the individual is a business owner, please provide details of the industry and business (eg products/ services). |  |
| 4 | In the individual’s occupation/ business, which are the primary countries in which the individual have dealings with or operations in? |  |

**Declaration by Authorised Person(s) Acting on Behalf of Company**

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 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.

|  |  |
| --- | --- |
| Signature |  |

|  |  |
| --- | --- |
| Name of authorised person(s) acting on behalf of company |  |

|  |  |
| --- | --- |
| Position in or relationship with the company |  |

|  |  |
| --- | --- |
| Date |  |