**Annexure B – PEP**

Please complete an Annexure A for each and every relevant director, person having executive authority or authorised person appointed to act on behalf of the Company.

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.

|  |
| --- |
| **Personal Particulars** |

|  |  |
| --- | --- |
| Full Name |  |

|  |  |  |
| --- | --- | --- |
| **PEP** | | |
| I am a:  PEP | | |
| Singapore PEP | | Foreign PEP |
| International Organisation PEP (please provide the name of the international organisation): | | |
|  |  | |
| Family member of PEP | | |
| Parent/ Step-parent | | Spouse |
| Child/ Adopted child/ Step-child | | Sibling/ Adopted sibling / Step-sibling |
| Close associate of PEP (please describe relationship with the PEP): | | |
|  |  | |
|  | | |

|  |
| --- |
| **Details of PEP** |

|  |
| --- |
| If you are a PEP, please complete the following about yourself. If you are a family member or close associate of a PEP, please complete the following for the PEP whom you are connected to. |

|  |  |
| --- | --- |
| Name of PEP |  |

|  |  |
| --- | --- |
| Name of the prominent public function that the PEP is currently or formerly entrusted with, including description of responsibilities |  |
|  |  |

|  |  |
| --- | --- |
| Country of residence of PEP |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Commencement date of service |  | End date of service |  |

**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 |  |