



Account Number: _____

Note: Please complete in BLOCK LETTERS and tick where appropriate

SECTION A: BUSINESS PARTICULARS											
Registered Name:		Registration / UEN No.:									
Registered Address:		Postal Code:									
Mailing Address (if different from registered address):		Postal Code:									
Place of Incorporation: <input type="checkbox"/> Singapore <input type="checkbox"/> Others _____ (to specify)		Date of Registration (DD/MM/YYYY) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									GST Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity related to HLF: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please state relationship: _____)											
Classification of Business: <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Listed <input type="checkbox"/> Club/Association/Society <input type="checkbox"/> Government Entity <input type="checkbox"/> Others _____ (to specify)											
Principal Place of Business: <input type="checkbox"/> Same as Registered Address <input type="checkbox"/> If different from Registered Address, please state below:		Industry Sector:									
Name of Parent Company (if any):		Country where Parent Company is Registered (if applicable):									
Corporate Email Address:		Telephone (General):	Fax:								
Bearer Shares Declaration: *I/We declare and confirm the following:- <input type="checkbox"/> *I/We issue bearer shares and agree that *I/We *am/are required to provide details of the bearer shareholders. <input type="checkbox"/> *I/We do not issue bearer shares. *I/We acknowledge and confirm that HLF and its officers/employees or persons acting on behalf of HLF shall be entitled to rely on my/our declaration above for information relating to bearer shares for this Account.											
SECTION B: CONTACT PERSONS (Authorised to receive and communicate customer information)											
Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		Position:									
		Email Address:									
		Department:	Office Tel:								
			HP No.:								
Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		Position:									
		Email Address:									
		Department:	Office Tel:								
			HP No.:								
SECTION C: SOURCE OF WEALTH											
<input type="checkbox"/> Business Income <input type="checkbox"/> Commission or Contract Fees <input type="checkbox"/> Return on Investments <input type="checkbox"/> Services Rendered <input type="checkbox"/> Others (please specify): _____											
SECTION D : TAX DECLARATION											
I, _____ NRIC No./Passport No _____ declare and confirm on behalf of _____ ("the company") that to the best of our knowledge , the Company have not committed or been convicted of tax evasion crimes under Singapore tax laws or any similar serious tax crimes under any foreign law.											



Account Number: _____

SECTION E: ULTIMATE BENEFICIAL OWNER "UBO" DECLARATION

Note: UBOs are (i) natural person(s) who ultimately owns or control ≥ 25% of shareholding of the company; or (ii) natural person(s) who ultimately control or have ultimate effective control of the company; or (iii) natural person(s) who is having the executive authority in the company.

Table with 4 columns: Name & Designation, NRIC/Passport No., Nationality, Shareholding (%). It contains 5 empty rows for data entry.

We undertake to inform Hong Leong Finance Limited of any change in the information provided in this declaration. We also enclose certified true copies of NRIC/Passport of the UBOs.

SECTION F: CURRENT ACCOUNT TRANSACTIONS

Remarks:

- Purpose of account opening : [] Transactional [] Investment [] Loan repayment [] Payroll [] Others.....
Anticipated Monthly Deposit:
No. of Transactions : [] 1 to 19 [] 20 to 49 [] 50 and above.
Deposit Amount : [] < \$20K [] >\$20K to <\$50K [] >\$50K to <\$100K [] >\$100K
Anticipated Monthly Withdrawal :
No. of Transactions : [] 1 to 19 [] 20 to 49 [] 50 and above.
Withdrawal Amount : [] < \$20K [] >\$20K to <\$50K [] >\$50K to <\$100K [] >\$100K
Major buyers and suppliers.

SECTION G: AGREEMENT (To be signed by person(s) authorized to open the account(s))

To: Hong Leong Finance Limited

*I/We request and authorise you to open Business Current Account in the name of _____ and enclose:

For All Customers

- 1. An up-to-date Instant Information Extract from ACRA
2. Foreign Account Tax Compliance Act (FATCA)
3. Common Reporting Standard Form (CRS)
4. Copies of NRIC/Passport of Signatories
5. Standing Instruction Authorisation (if applicable)
6. Source of Fund Form
7. For incorporated companies
a) Resolutions of Board of Directors to open the Account
b) Certified true copy of Memorandum and Articles of Association
8. For Sole-Proprietorships and Partnerships
a) A Mandate of the Firm

Name:
Designation:
For and on behalf of:
Date:

Table with 2 columns: Registered name of Customer, Account Name (if different from registered name of customer)

Deposit Insurance Scheme

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$75,000 in aggregate per depositor per Scheme member by law.



Account Number: _____

For HLF's Use (RM/BM)

Referred by : _____
Preferred Customer : Yes No Not Applicable

Remarks:

For HLF's Use (Loan Operations Department)

Loan Transfer Permitted : Yes No Not Applicable

Remarks:

Signed By Account Executive (**Note:** sign only if the "Loan Transferred Permitted" is ticked as YES)
Date:

Approved by HOD:
Date:

Input By:
Date:

Authorised By:
Date: