



Account Number: _____

Note: Please complete in BLOCK LETTERS and tick where appropriate

SECTION A: BUSINESS PARTICULARS

Registered Name:	Registration / UEN No.:
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Registered Address:	Postal Code:
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Mailing Address (if different from registered address):	Postal Code:
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Place of Incorporation: <input type="checkbox"/> Singapore <input type="checkbox"/> Others _____ (to specify)	Date of Registration (DD/MM/YYYY) <table border="1" style="width:100%; height:20px; text-align:center"> <tr> <td style="width:12.5%"> </td><td style="width:12.5%"> </td><td style="width:12.5%"> </td><td style="width:12.5%"> </td><td style="width:12.5%"> </td><td style="width:12.5%"> </td><td style="width:12.5%"> </td><td style="width:12.5%"> </td> </tr> </table>									GST Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No

Any Director related loan: No Yes (If yes, please provide details: _____)

Is the entity related to HLF: No Yes (If yes, please state relationship: _____)

Have any of the director/s or their immediate family member(s) has/have been entrusted with prominent public functions* or is/are close associate(s) of such a person?
 Yes No If yes, please provide details below:

Name	Relationship to Applicant	Occupation	Employer / Country

*"Prominent public functions" includes the roles held by a head of state, a head of government, government minister, senior civil servants, senior judicial or military official, senior executives of state-owned corporations or senior political party officials.

Classification of Business:
 Sole-Proprietorship Partnership Limited Liability Partnership Private Limited
 Public Listed Club/Association/Society Government Entity 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:
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Name of Parent Company (if any):	Country where Parent Company is Registered (if applicable):
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Corporate Email Address:	Telephone (General):	Fax:
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Bearer Shares Declaration:
 *I/We declare and confirm the following:-
 *I/We issue bearer shares and agree that *I/We *am/are required to provide details of the bearer shareholders.
 *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.:



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SECTION C: SOURCE OF WEALTH

Business Income Commission or Contract Fees Return on Investments Services Rendered
 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.

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.

Name & Designation	NRIC/Passport No.	Nationality	Shareholding (%)

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 to <\$500K

 : >\$500K to <\$1mil >\$1mil
- Anticipated Monthly Withdrawal:

No. of Transactions : 1 to 19 20 to 49 50 and above.

Deposit Amount : < \$20K >\$20K to <\$50K >\$50K to <\$100K >\$100K to <\$500K

 : >\$500K to <\$1mil >\$1mil
- Major buyers and suppliers. :



Account Number: _____

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 _____.
I/We have read the Terms and Conditions Governing Accounts and Services (available at <https://www.hlf.com.sg> or at any HLF branch) and I/we agree and acknowledge that the said terms and conditions shall apply to the account to be opened and my/our relationship with HLF. I/We also enclose:

For All Customers

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

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

Registered name of Customer	Account Name (if different from registered name of customer)
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Deposit Insurance Scheme

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$100,000 in aggregate per depositor per Scheme member by law.

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: only sign if the Loan Transferred Permitted tick as YES)	Approved by HOD:
Date:	Date:

Input By:	Authorised By:
Date:	Date: