



**APPLICATION FORM – CORPORATE**

FIXED DEPOSIT       PROJECT A/C

**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:<br><input type="checkbox"/> Singapore <input type="checkbox"/> Others _____ (to specify)   |  | Date of Registration (DD/MM/YYYY)<br><table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> |      |  |  |  |  |  |  |  | GST Registered:<br><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:<br><input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Private Limited<br><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:<br><input type="checkbox"/> Same as Registered Address<br><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:-  
 \*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.: |

**SECTION C: SOURCE OF WEALTH**

Business Income       Commission or Contract Fees       Return on Investments       Services Rendered  
 Others (please specify): \_\_\_\_\_

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

**To: Hong Leong Finance Limited**  
 1. \*I/We request and authorise you to open a Fixed Deposit/Project Account in the name of \_\_\_\_\_ and enclose:  
 For Companies:-  
     • Registered with ACRA      - An up-to-date Business Registration Certificate, a certified true copy of Memorandum and Articles of Association (MAA)/Constitution, Board Resolution to open account and Letter of Mandate for account operation.  
     • Registered with Other Agencies - An up-to-date Business Registration Certificate, Letter to open account, Letter of Mandate for account operation, certified true copy of Extract Minutes of Meeting and certified true copy of Constitution (if applicable).  
 For Sole-Proprietorships and Partnerships – An up-to-date Business Registration Certificate and Letter of Mandate for account operation (for Partnership).  
 2. Certified True Copy of NRIC /Identification document of all Signatories/Ultimate Beneficial Owners (UBOs).  
 3. We confirm that none of the Signatories/UBOs are undischarged bankrupts and no statutory demands have been served on them and there are no legal proceedings commenced against them.  
 4. We declare and confirm 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.

|  |       |       |       |
|--|-------|-------|-------|
| <b>Authorised Signatories (Per Mandate):</b> |       |       |       |
| Name:  | Name: | Name: | Name: |
| Date:  | Date: | Date: | Date: |

**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.

|  |  |
|--|--|
| <b>FOR BRANCH USE</b>                              |  |
| <b>Attended By (Name &amp; Signature)</b><br>Date: | <b>Approved By (Name &amp; Signature)</b><br>Date: |