



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.: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
Registered Address:	Postal Code:	
Country of Registration: <input type="checkbox"/> Singapore <input type="checkbox"/> Others _____ (to specify)	Date of Registration (dd/mm/yyyy) <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	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: _____)		
Classification of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Others _____ (to specify)		
Nature of Business:		
Name of Parent Company (if any):	Country where Parent Company is Registered:	
Corporate Email Address:	Telephone (General): <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	Fax: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>

SECTION B: ACCOUNT PARTICULARS	
Mailing Address (if different from registered address):	Postal Code:
Account Name (if different from registered name): <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	

SECTION C: CONTACT PERSONS (Authorised to receive and communicate customer information)		
Name:	Position/Department	Email Address: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
		Office: <div style="border: 1px solid black; width: 100%; height: 15px;"></div> Mobile: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
Name:	Position/Department	Email Address: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
		Office: <div style="border: 1px solid black; width: 100%; height: 15px;"></div> Mobile: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>

Deposit Insurance Scheme

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law.

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

To: **Hong Leong Finance Limited**
Singapore

I/We request and authorise you to open a Fixed Deposit/Project Account in the name of _____ and enclose:

1. An up-to-date Instant Information Extract from ACRA.¹
2. A Certified True Copy of Memorandum and Articles of Association.^{*1}
3. A copy, certified to be true copy, of the resolution to open the Account.^{*2}
A Mandate of the Firm.^{*3}
4. A copy of Government Gazette/Constitution/Registry of Societies/Extract Minutes of Meeting (where applicable) ^{*4}
5. Copies of NRIC / Identification document of Signatories.

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

Note:
*1 – For entities registered with ACRA.
*2 – For Incorporated companies.
*3 – For sole proprietorships and partnerships.
*4 – For entities not registered with ACRA.

FOR BRANCH USE	
Attended By (Name & Signature)	Approved By (Name & Signature)
Date:	Date:



FOR INTERNAL USE ONLY

This section is only applicable where the entity or any of its signatories / connected parties / UBOs fall within the definition of High Risk categories. Approval has to be sought from at least one of the members of the Management Committee, who is independent in the line of reporting via “On-Boarding or Continue of Business Relations with PEP and Other High Risk (“HR”) Customers”.

(1) High Risk Categories *(please tick where applicable)*

- Politically Exposed Person (PEP)
- Names listed in HLF’s Customer Watchlist Maintenance under the “Regulatory” category;
- Work Permit holders from Financial Action Task Force (FATF) countries per BTS S9060.

(2) Source of Wealth (Comments by Branch Manager/Cashier)

Branch Manager/Cashier

Date

Name & Signature



HONG LEONG FINANCE

Dear Sir/Madam

Date: _____

We thank you for being our valued customer.

In accordance with current financial guidelines and compliance requirements, kindly provide details on your source of funds for subject placement.

Thank you.

Hong Leong Finance Ltd

Account Name : _____

Account Number : _____

Cash / Cheque **Please delete accordingly*

Name of Bank/Company the funds are from:

Source of Funds *(Please tick where applicable)*

- Business Proceeds
- Business Income
- Capital Contribution
- Commission or Contract Fee
- Return on Investments
- Services Rendered
- Others, please specify _____

Signature

FOR INTERNAL USE ONLY

Comments By Staff-in-attendance/Officer:

Name & Signature

Date