

## **UPDATE OF ACCOUNT PARTICULARS (CORPORATE/OTHER ENTITES)**

Please complete the form and provide Certified True Copies of any necessary supporting documents. Indicate No Changes where necessary.

1. ACCOUNT INFORMATION	Mandatory Field
Name of Account Holder :	
	Trading Account No(s). :
2. UPDATE OF ADDRESS No Changes	
Registered Address	
Principal Place of Business (if different from Registered Address) (Within 3 months of submission)	* Please provide a copy of utility bill, telco bill, lease or bank statement
Mailing Address* (If different from Registered Address/ Principal Pl (Within 3 months of submission)	* Please provide a copy of utility bill, telco bill, lease or bank statement
Reason for using the mailing address:	
Relationship to the owner of the mailing address:	
3. UPDATE OF CONTACT NUMBER(S) AND EMAIL ADDRESS	S No Changes
Office Telephone No.	Fax No.
Email Address	
4. UPDATE OF ULTIMATE BENEFICIAL OWNER (Shareholdin	ng of 25% or more in the Company) (Supporting documents submitted must
be certified true copy by KGI's Authorised Staff or an Exec	cutive Director of the Account Holder or a Notary Public) No Changes
	ely own(s) or has/ have effective control over the Account ("Beneficial Owners"). effect the latest shareholding structure, copies of the Identification documents and proof of address for
Full Name As Per NRIC/ Passport Identification Number	ber Nationality Shareholdings
5. UPDATE OF TAX RESIDENT INFORMATION	Mandatory Field
(1) Entity Type (Please provide the account holder's status by ticking one of	of the following boxes)
(a) Financial Institution - Investment Entity	
<ul> <li>An Investment Entity located in a Non-Participating Jurisdiction</li> <li>Please indicate the name of all Controlling Person(s) of the account</li> </ul>	<b>5</b> ,
rices indicate the harrie of all controlling recisority of the account	in thouse.
Each Controlling Person is required to complete "Controlling P request.	Person Tax Residency Self-Certification Form", which is available upon
4	
Other Investment Entity	One We Have your Orange
(b) Financial Institution - Depository Institution, Custodial Institution or If you have ticked (a) or (b) above, please provide, if held, the acc FATCA purposes. GIIN:	Specified insurance Company count holder's Global Intermediary Identification Number ("GIIN") obtained for —
☐ (c) Active NFE - a corporation the stock of which is regularly traded or of such a corporation	n an Established Securities Market or a corporation which is a Related Entity
Please indicate the name of the Established Securities Market: Please indicate the name of the regularly traded corporation if you a	are a Related Entity of such a comporation:
r lease indicate the name of the regularly traded corporation if you a	are a related Entity of Such a corporation.

	(d) A	Active NFE - a govern	ment entity or central bank				
	(e) A	Active NFE - an intern	ational organisation				
	(f) A	Active NFE - other tha	n (c)-(e) (for example a sta	rt-up NFE or a non-profit NFE	Ξ)		
		Passive NFE					
	F	Please indicate the na	me of all Controlling Person	n(s) of the account holder:		,	•
	ļ	Fach Controlling Pe	erson is required to complete	e "Controlling Person Tax Re	sidency Self-Cel	l rtification Form", which is available upon	
		request.	ndomic required to complete	o Controlling Fordon Fax Fick	siderity cen cen	andadorr orm, who his available aport	
(2)	Coun	try/Jurisdiction of Res	sidence for Tax Purposes ar	nd related Taxpayer Identifica	tion Number or	equivalent number ("TIN")	
	Plea	se complete the follow	ing table indicating (i) where	the account holder is tax resid	lent and (ii) the a	ccount holder's TIN for each country/jurisdiction in	ndicated.
	Plea	se indicate <u>all</u> countrie	es/jurisdictions (including Sing	gapore and US, if applicable).	If the account ho	lder is not tax resident in any country/jurisdiction (	e.g., because
	it is fi locat	, , , , , , ,	ease indicate that on line 1 in	the table below and provide it	s place of effective	ve management or jurisdiction in which its principa	al office is
				TIN is the Unique Entity Numb	per ("UEN"), the I	ncome Tax Reference Number ("ITR"), or the Ta	x Reference
		ber assigned by IRAS		45 0 1 11 1			
				eason A, B or C where indicate unt holder is resident does not		racidanta	
		· ·	, ,			residerits. explain why you are unable to obtain a TIN in the	helow table if
		ou have selected this r		to obtain a Tirv or equivalent	idiribei (i lease (	explain with you are unable to obtain a fire in the	DCIOW (abic ii
	,		,	son if the domestic law of the r	elevant country/j	urisdiction does not require the collection of the T	'IN issued by
		uch jurisdiction).				·	·
		untry/Jurisdiction of tax residence	TIN	If no TIN available, enter Reason A, B or C	Explair	n why you are unable to obtain a TIN if you selected Reason B	
						,	
	1						
	2						
	3						
	4						
	·						
	5						
. I	tho	antity is a LIS tay res	ident, please provide us wit	th the completed and signed	W-9 Form, which	ch is available upon request or can be downloa	dad from the
			ice Forms: https://www.irs.g		VV 5 i oiiii, wille	or is available aport request of oar be downloa	aca nom me
• F	or m	ore information, plea	se visit the OECD or IRAS	website:			
<u>r</u> h	πρ://\ ttps:/	<u>www.oecd.org/tax/au</u> //www.iras.gov.sg/IR/	tomatic-exchange/commor ASHome/Quick-Links/Interr	national-Tax/Common-Repor	ting-Standard0	CRS-/	
				, , , , , , , , , , , , , , , , , , , ,	vide false or mis	sleading information regarding tax residency st	atus and that
S	uch d	offense is punishable	with a fine and/or imprison	iment.			
6.	UP	DATE BOARD OF	DIRECTORS/PRINCIPA	L OFFICERS	No Changes		
Ple	ase	tick accordingly:					
		ched a copy of lates Singapore Incorpora		sued by the Accounting an	d Corporate Re	egulatory Authority ("ACRA") and supporting	documents*
_	•		• •	or filed with the authority a	nd supporting a	documents* (for Foreign entities)	
_			•	•	0	g documents** (for Tax Haven Incorporated	Companies)
				-		retary, Shareholders/Beneficial owners.	. ,
						Company or a Notary Public.	
** [	ocui	ment to be certified	true copy by KGI's Autho	rised Staff or a Notary Pub	lic.		

Acco	ount statements a ith a valid email a	nd contract notes wilddress.	Il be sent electro	INT (APPLICABLE FOR SECURITIES inically to your email address maintained aper-based statements and contract not	I with KGI for all you	r accounts with o	online trading
					hanges		
		XTRACT OF RESC			900		
We,	the undersigned		t in respect of	the Account Holder specified herein ( passed by:-	the "Account Hold	er"), the followi	ng
				ration in accordance with its memorand	um and articles of as	ssociation/charte	r/constitution.
	(For partnership, limited partnership ("LP") or limited liability partnership ("LLP")) the partners of the partnership/LP/LLP in accordance with its partnership/LP/LLP agreement.						
	(For other entity with	<i>'</i>	(please s	pecify) the(insert name of its constitution	ert name of its manant	agement body) ii	n accordance
RES	OLVED: (please	cross off those secti	ons that require	no update)			
relati	ing to the opening		f the Account(s)	ereby authorised to sign all other relevar for and on behalf of the Applicant. * <i>Plea</i>			
	Name	NRIC/Passport No.	Designation	Residential Address	Tel. No.	Email Address	Signature
docu	imentation necess	sary to effect transfe	rs and assignme	specimen signatures appear hereunder ents and to give instructions on any and a of newly added authorised persons for ve	all matters relating to		
	Name	NRIC/Passport No.	Designation	Residential Address	Tel. No.	Email Address	Signature

That each of the following persons be and Account(s) on behalf of the Account Holde	l is hereby empowered to giver. *Please provide identificati	ve instruction on any and all on copy (ies) of newly added a	matters relating to trading in authorised persons for verifica	connection with the tion purposes.
Name	NRIC/Passport No	Tel. No.	Email Address	Signature
That each of the following persons be connection with the Account(s).	and is hereby authorised	to receive all statements (in	n physical or electronic form)	and/or notes in
Name	Designation	Tel. No.	Email A	Address
	<u> </u>			
		<u> </u>		
				Version 12 – July 2020

Name	NRIC/Passport No.	Designation	Tel. No.	Email Address
onfirm that we shall ensu ill be fully responsible for	re that there is no unauthorized all trades executed.	d use of the passwor	ds, personal identification r	numbers or access numbers or code
		GL and shall romain	in full force until an amondr	nent thereof is received by KGI in wr
TIFIED TRUE COPY	solution be communicated to K	Of and Shall Ternain	in full force until all amenu	nent thereof is received by NOT in wi
company stamp, if any)				
irman / Director*	Director / Secretary	/*	 Date	
ne:	Name:			

[below is applicable for online trading only]

## DECLARATION AND AGREEMENT

- (i) We have the authority to make this update and we hereby authorize and consent to the update of the above information to all of our trading accounts ("Account") maintained with KGI.
- (ii) We declare that the information provided herein (including all supporting documentation furnished in connection herewith) is true, complete and correct and we have not withheld any material fact.
- (iii) We hereby represent and warrant that we have provided all documentation or other information to KGI for compliance with all requirements under Foreign Account Tax Compliance Act ("FATCA"), Common Reporting Standard ("CRS"), local legislation in connection with FATCA and CRS, and any other provision arising out of an agreement between governments in relation to FATCA and CRS.
- (iv) We undertake to notify KGI in writing within thirty (30) days of any change of the information herein (including our tax status) and provide KGI with such information, documents or other evidence which may be required in connection with such change.
- (v) We agree that the Account shall be governed by the KGI terms & conditions for trading ("T&C") as may be varied/amended or supplemented from time to time. We acknowledge that the prevailing KGI T&C is available on www.kgieworld.sg and that a printed copy of the KGI T&C is available upon request.

Kindly ensure that all necessary fields have been completed and indicate No Changes where necessary. Kindly also attach the latest Certified True Copy supporting documents along with this update of particulars form.

Authorised Signatory	Authorised Signatory	
Name:	Name:	
Designation: Date:	Designation: Date:	
Company's stamp:		
	FOR OFFICE USE ONLY Signature Witnessed / Verified by	