DECLARATION OF BENEFICIAL OWNERS

Trading Account No.(s): _____ **TR Code:** _____

We, _____ hereby declare and confirm that the following person(s) is/are the beneficial owner(s) of the Trading Account(s). We undertake to notify UOBKH Pte Ltd in writing immediately of any change in beneficial owner(s).

Please attach a separate list if there is insufficient space

i) **Name of Beneficial Owner:** _____

Former/Other Name (if any): _____

Date of Birth (DD/MM/YYYY): _____ Country of Birth: _____ NRIC/Passport No: _____

Residential Address: _____ Nationality: _____

Multiple Nationalities: ❑ Yes (please list all your current citizenship and provide a duly certified copy of your valid passport)

a) _____ b) _____ c) _____

❑ No

Source of Wealth: ❑ Employment ❑ Rental ❑ Inheritance / Gifts ❑ Business Income ❑ Sales of Investments

❑ Others (please specify) _____

Source of Funds: ❑ Bank ❑ Others (please specify) _____

ii) **Name of Beneficial Owner:** _____

Former/Other Name (if any): _____

Date of Birth (DD/MM/YYYY): _____ Country of Birth: _____ NRIC/Passport No: _____

Residential Address: _____ Nationality: _____

Multiple Nationalities: ❑ Yes (please list all your current citizenship and provide a duly certified copy of your valid passport)

a) _____ b) _____ c) _____

❑ No

Source of Wealth: ❑ Employment ❑ Rental ❑ Inheritance / Gifts ❑ Business Income ❑ Sales of Investments

❑ Others (please specify) _____

Source of Funds: ❑ Bank ❑ Others (please specify) _____

(Note: The term "beneficial owner" means the natural person who ultimately owns or controls the Applicant or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over the Applicant.)

(If you are a tax resident of the United States, please provide your U.S. Taxpayer Identification Number and return a completed signed Form W-9. A US citizen is considered a tax resident of the United States even if you are a tax resident of another jurisdiction.)

Dated this _____ day of _____ 20_____.

_____ _____

Signature: Signature:

Name of Authorised Signatory: Name of Authorised Signatory:

Designation: Designation:

Please affix company's stamp (if applicable)