

## FORM A2 - CUSTOMER PARTICULARS FORM (FOR ENTITY/LEGAL ARRANGEMENT)

RES Name: Registration No.:	
Date of Form Completion:	Page 1 of 2
RES is representing: □Buyer □Seller □Landlord □Tenant	
Section 1: Information on Entity (e.g. Government organisations, company, corporations or associations) or Legal Arrangement (e.g. a trust)	
Is the representative authorised to act on behalf of the entity/l arrangement? □Yes □No	egal Copy of Letter of Authorisation
Full name of entity:	Copy of ACRA Certificate
(as per ACRA records)	of Incorporation
Registered office address:	
Principal address of business (if different from registered office address):	
Telephone number: Email ad	dress:
UEN/Incorporation no./Registration no.:	
Date of incorporation/registration:	
Country or territory of incorporation/registration:	
Main business activity:	
Type of entity/legal arrangement: ☐ Limited partnership ☐ Limited liability partnership ☐ Company	
□ Corporation □ Trust □ Others (pls specify):	
Section 2- Particulars of Senior Management Personnel	
Are the senior management personnel the beneficial owners of the entity/ legal arrangement? ¬Yes ¬No (Note: If "no", please proceed to provide the beneficial owners information in Section 3.)	
Person 1 Designation:	
Full Name (as per NRIC/passport):	
Type of Identification Document: □Identity card □Passport □Work permit □Others (pls specify):	
NRIC/Passport/Other ID No.: Nationality:	
Person 2 Designation:	
Full Name (as per NRIC/passport):	
Type of Identification Document: □Identity card □Passport □Work permit □Others (pls specify):	
NRIC/Passport/Other ID No.: Nationality:	

<sup>\*</sup>To add more pages where necessary.



Note: Details of beneficial Owners who have control over the entity/ legal arrangement should be identified and verified	
Beneficial Owner 1	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
□Identity card □Passport □Work permit □Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.: Date of Birth:	
Nationality: Occupation:	
Demograph Common O	
Beneficial Owner 2	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
□Identity card □Passport □Work permit □Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.: Date of Birth:	
Nationality: Occupation:	
Note: To complete and attach Form B for all individuals identified.	
*To add more pages where necessary.	
Client's Acknowledgement	
I acknowledge that all the information I have provided in this form is true, accurate and complete to the best of my knowledge.	
2. I understand that the estate agent (EA) or real estate salesperson (RES) to whom I am providing the information as set out in this form is required to obtain such information from me and obtain my acknowledgement on the information provided in their conduct of customer due diligence (CDD) measures under the Estate Agents (Prevention of Money Laundering, Proliferation Financing and Terrorism Financing) Regulations 2021. The EA or RES may also request for additional information or documents from me to fulfil their CDD duty.	
Name:	
Signature: Date:	