

FORM U2 - UNREPRESENTED COUNTERPARTY PARTICULARS FORM (FOR ENTITY/ LEGAL ARRANGEMENT)

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Section 1: Particulars of Entity (e.g. Government corporations or associations) or Legal Arrangem		Supporting Documents
Is the representative authorised to act on behalf of the entity/legal arrangement? Yes No	e UCP which is an	Copy of Letter of Authorisation
Full name of entity: (as per ACRA records)		Copy of ACRA Certificate of Incorporation
Registered office address:		·
Principal address of business (if different from registe	ered office address)	
Telephone number:	Email address:	
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):		
M 1 27		
Section 2- Particulars of Senior Management Per		
Are the senior management personnel the beneficial owners of the entity/ legal arrangement? \(\text{\subset} \) Yes \(\text{\subset} \) 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:		
□ldentity card □Passport □Work permit □Others (pls specify):		
NRIC/Passport/Other ID No.:	Nationality:	

^{*}To add more pages where necessary.



Section 3- Particulars of Beneficial Owner(s) of Legal Entity/ Arrangement 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:		
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 U5 for all individuals identified.		
*To add more pages where necessary.		
Section 4: Unrepresented Counterparty's Acknowledgement and Declaration		
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 unrepresented counterparty due diligence (UCPDD) 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 UCPDD duty.		
Name:		
Signature: Date:		