

FORM U4 – PARTICULARS OF LEGAL PERSON (ENTITY/ LEGAL ARRRANGEMENT) THE UNREPRESENTED COUNTERPARTY IS ACTING ON BEHALF OF

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| Section 1: Particulars of Legal Person the UCP is acting | acting on behalf of | Supporting Documents | |
|---|-------------------------|---|--|
| Is the UCP authorised to act on behalf of the Legal Po | erson? ⊔Yes ⊔No | 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 registered office address): | | | |
| Telephone number: | Email address: | | |
| UEN/Incorporation no./Registration no.: | Date of incorporation/r | 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? (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: | | |
| Person 3 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: | | |

^{*}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: | | |
| □ldentity 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.