

**FORM A4 – PARTICULARS OF LEGAL PERSON (ENTITY/LEGAL ARRANGEMENT)  
YOUR CLIENT IS ACTING ON BEHALF OF**

Section 1: Particulars of Legal Person on whose behalf Client is acting	Supporting Documents
Is the Client authorised to act on behalf of the Legal Person? <input type="checkbox"/> Yes <input type="checkbox"/> 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/registration:
Country or territory of incorporation/registration:	
Main business activity:	
Type of entity/legal arrangement : <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Others (pls specify):	

<b>Section 2- Particulars of Senior Management Personnel</b> Are the senior management personnel the beneficial owners of the entity/ legal arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
NRIC/Passport/Other ID No.:	Nationality:
Person 2 Designation:	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
NRIC/Passport/Other ID No.:	Nationality:
Person 3 Designation:	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
NRIC/Passport/Other ID No.:	Nationality:

*\*To add more pages where necessary.*

<b>Section 3- Particulars of Beneficial Owner(s) of Entity/ Legal Arrangement</b>	
Note: Details of beneficial owners who have control over the entity/ legal arrangement should be identified and verified	
<b>Beneficial Owner 1</b>	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
<b>Beneficial Owner 2</b>	
Full Name (as per NRIC/passport):	
Type of Identification Document:	
<input type="checkbox"/> Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Work permit <input type="checkbox"/> Others (pls specify):	
Residential Address:	
NRIC/Passport/Other ID No.:	Date of Birth:
Nationality:	Occupation:
<i>Note: To complete and attach Form B for all individuals identified.</i>	

*\*To add more pages where necessary.*