

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

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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? ☐ 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/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:
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.*

Section 3- Particulars of Beneficial Owner(s) of Entity/ Legal 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:
<i>Note: To complete and attach Form B for all individuals identified.</i>	

**To add more pages where necessary.*