

### Client Application Form

Existing Company Name and Registration No. (If Applicable) / Proposed Company Name (For New Company Incorporation Only)	
Option 1	
Option 2	
Option 3	

Nature of Business (Please provide full description of the business activities of your company)	
Business Activity	
Purpose of having the Entity	
Source of Funds	
Type of Investments	
Products and Services	
Future Suppliers and their Location	
Future Customers and Location	
Estimated Annual Revenue	
Volume of Transactions (Per Month / Per Annum)	
Number of Transactions (Per Month / Per Annum)	
Other Business Information (i.e. holding, trading with., marketing, production of..., shipping, insurance, etc.*)	

Share Capital (Please edit if necessary)	
Jurisdiction	
Currency	
Authorised Share Capital	
No. of Issued Shares	
Value of Each Share	
Total Amount of Issued Capital	
Total Amount of Paid-Up Capital	

Other Information (If you wish to specify at start of incorporation)	
Incorporation Date	
Financial Year-End	
Other Information	

Contact Details - Applicant (All fields are compulsory)						
Title						
Full Name (English)						
Passport No.						
Nationality						
Place of Birth						
Date of Birth						
Residential Address						
City						
State						
Country						
Postal Code						
Email						
Phone Number (Include country code & area code)						
Mobile Number (Include country code & area code)						
Fax Number (Include country code & area code)						
How would you like us to contact you?	<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mobile
Is Applicant the Beneficial Owner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

*If the Beneficial Owner is the same as the Applicant, you only need to provide "Source of Wealth" in this section.*

Contact Details - Beneficial Owner (All fields are compulsory)						
Beneficial Owner No.	No. of Beneficial Owners in Total					
Title						
Full Name (English)						
Passport No.						
Nationality						
Place of Birth						
Date of Birth						
Residential Address						
City						
State						
Country						
Postal Code						
Email						
Phone Number (Include country code & area code)						
Mobile Number (Include country code & area code)						
Fax Number (Include country code & area code)						
How would you like us to contact you?	<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mobile
Source of Wealth						

**If you need to list Additional Beneficial Owners, please duplicate this page.**

Is the Applicant a Director of the Company?

Yes / No

Is the Beneficial Owner a Director of the Company?

Yes / No

Information - Director (All fields are compulsory)			
Director No.	No. of Directors in Total		
Title			
Full Name (English)			
Passport No. / Company Reg No.			
Nationality / Jurisdiction			
Place of Birth (Individual)			
Date of Birth (Individual) / Date of Incorporation (Corporate)			
Residential Address (Individual) / Registered Address (Corporate)			
City			
State			
Country			
Postal Code			
Email			
Phone Number (Include country code & area code)			
Mobile Number (Include country code & area code)			
Fax Number (Include country code & area code)			
How would you like us to contact you?	<input type="checkbox"/>	Email	<input type="checkbox"/>
	<input type="checkbox"/>	Phone	<input type="checkbox"/>
	<input type="checkbox"/>	Mobile	<input type="checkbox"/>

If you need to list Additional Directors, please duplicate this page.

Is the Applicant a Shareholder of the Company? Yes / No  
 Is the Beneficial Owner a Shareholder of the Company? Yes / No

Information - Shareholder (All fields are compulsory)						
Shareholder No.	No. of Shareholders in Total					
No. of Shares to Hold						
Title						
Full Name (English)						
Passport No. / Company Reg No.						
Nationality / Jurisdiction						
Place of Birth (Individual)						
Date of Birth (Individual) / Date of Incorporation (Corporate)						
Residential Address (Individual) / Registered Address (Corporate)						
City						
State						
Country						
Postal Code						
Email						
Phone Number (Include country code & area code)						
Mobile Number (Include country code & area code)						
Fax Number (Include country code & area code)						
How would you like us to contact you?	<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mobile
Source of Wealth / Funds						

If you need to list Additional Shareholders, please duplicate this page.

Please tick the following box to advise who shall be the Sole Recipient of all corporate documents:

	<b>Applicant</b>		<b>Beneficial Owner</b>		<b>Director</b>
	<b>Person indicated Below</b>		Name: _____		Name: _____
			_____		_____

Contact Details – Contact Person (All fields are compulsory)						
Title						
Full Name (English)						
Passport No.						
Nationality						
Place of Birth						
Date of Birth						
Residential Address						
City						
State						
Country						
Postal Code						
Email						
Phone Number (Include country code & area code)						
Mobile Number (Include country code & area code)						
Fax Number (Include country code & area code)						
How would you like us to contact you?	<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mobile

All corporate documents will be sent by courier unless otherwise instructed.

## Invoices

How should VALON invoices be sent?

<input type="checkbox"/>	Email	<input type="checkbox"/>	Normal Mail	<input type="checkbox"/>	Courier
<input type="checkbox"/>	Fax	<input type="checkbox"/>	Keep Internal to VALON	<input type="checkbox"/>	

\*Please note that all disbursements will be charged to the Client.

Please tick the following box to advise who shall be the **Billing Party**:

<input type="checkbox"/>	<b>Applicant</b>	<input type="checkbox"/>	<b>Beneficial Owner</b>	<input type="checkbox"/>	<b>Director</b>
<input type="checkbox"/>	Person indicated Below	<input type="checkbox"/>	Name: _____ _____	<input type="checkbox"/>	Name: _____ _____

Information – Billing Party (All fields are compulsory)			
Title			
Full Name (English)			
Passport No. / Company Reg No.			
Nationality / Jurisdiction			
Place of Birth (Individual)			
Date of Birth (Individual) / Date of Incorporation (Corporate)			
Residential Address (Individual) / Registered Address (Corporate)			
City			
State			
Country			
Postal Code			
Email			
Phone Number (Include country code & area code)			
Mobile Number (Include country code & area code)			
Fax Number (Include country code & area code)			
How would you like us to contact you?	<input type="checkbox"/>	Email	<input type="checkbox"/>
	<input type="checkbox"/>	Phone	<input type="checkbox"/>
	<input type="checkbox"/>	Mobile	<input type="checkbox"/>

**DECLARATION FOR INDEMNITY**

- **TO BE COMPLETED BY EVERY BENEFICIAL OWNER**

I/We (name/s of the persons who will sign this form) do hereby declare that all details given above are true and accurate, that I/We authorise and appoint VALON CORPORATE SERVICES PRIVATE LIMITED to act as My/Our representative in accordance with the instructions detailed above. I/We agree to abide by the laws of the country of incorporation of the company and conditions of business as specified. I/We hereby warrant that I/We will indemnify and hold harmless VALON CORPORATE SERVICES PRIVATE LIMITED and any person who may be a shareholder, director, employee or associate of VALON CORPORATE SERVICES PRIVATE LIMITED in respect of all legal actions, claims or demands, damages, losses or costs of whatsoever nature, incurred by instructions and action of VALON CORPORATE SERVICES PRIVATE LIMITED. I/We also accept responsibility for timely payment of the agreed initial, regular and annually recurring charges and fees billed by VALON CORPORATE SERVICES PRIVATE LIMITED.

\_\_\_\_\_

**Name:**  
**Passport/FIN/NRIC No.:**  
**Date:**

Witnessed by:

\_\_\_\_\_

**Name:**  
**Passport/FIN/NRIC No.:**  
**Date:**

**\* There is more than one Beneficial Owner, please duplicate this page.**

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**For use by VALON only:**

Applicant for business accepted by VALON

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date of Approval

**DECLARATION OF SOURCE OF FUNDS**

- TO BE COMPLETED BY EVERY DIRECTOR, SHAREHOLDER AND BENEFICIAL OWNER

\_\_\_\_\_ (Name of “the Company”)

I, do solemnly and sincerely declare:

1. THAT I am a Director, Officer, Shareholder or Ultimate Beneficial Owner of the Company and that I am not acting as a nominee for any undisclosed third party nor has any duress or undue influence been placed on me in connection with the establishment of the Company.
2. THAT the Company (or structure of which it forms a part) has been established for the purpose of:  
\_\_\_\_\_
3. THAT the funds or other assets transferred or to be transferred by myself or by other persons to the Company, are derived from<sup>1</sup>:  
\_\_\_\_\_
4. THAT all funds or other assets which will be transferred to the Company, are and will be clean, cleared assets of a non-criminal origin and will not be funds or assets deriving or derived from the sale of illegal drugs, money laundering or other criminal activities. I am not avoiding or attempting to avoid any claims by actual or foreseeable creditors.
5. THAT I have been advised to seek independent legal and tax advice. I am aware of my legal and tax reporting obligations, if any, with respect to the establishment and existence of the Company.

Signed by the said:

Witnessed by<sup>2</sup>:

\_\_\_\_\_

**Name:**  
**Passport/FIN/NRIC No.:**

\_\_\_\_\_

**Name:**  
**Passport/FIN/NRIC No.:**  
**Occupation:**  
**Address:**

**Date:**

<sup>1</sup> Please document the source of funds with supporting documentation, e.g. transactional documentation, bank confirmations, annual accounts, shareholder registers, last will and testament, etc. Please note that generic statements such as “personal savings” or “investments” are not acceptable.

<sup>2</sup> Witness must be a qualified attorney, notary or accountant, or a bank official or other professional indicated by VALON.

## CLIENT - DUE DILIGENCE

**VALON CORPORATE SERVICES PRIVATE LIMITED (“VALON”) IS REQUIRED TO CLEARLY IDENTIFY ITS CLIENTS AND THE BENEFICIAL OWNERS OF THE COMPANY BEFORE ENGAGING ITSELF INTO ANY SERVICES. THE INFORMATION PROVIDED BY CLIENT IN THE ABOVE QUESTIONNAIRE IS ONLY FOR OUR INTERNAL USE AND WILL BE KEPT CONFIDENTIAL AT ALL TIMES SUBJECT TO THE APPLICABLE LAWS. THIS INFORMATION IS NOT PART OF ANY PUBLIC RECORD, SO THE SECRECY OF OUR CLIENTS REMAINS COMPLETELY PROTECTED.**

Please provide the following documents:

- Original Completed and Signed Application Form
- Original Completed and Signed Letter of Engagement
- 2 sets of Certified \*\*\* / notarized/apostilled copy of all passports of Contact Person, Beneficial Owner, Directors, Shareholders and other officers.
- Original notarised/apostilled proof of address\*;
- Original banker's reference letter with at least 2 years of banking relationship\*\*;
- Original professional reference letter with at least 2 years of professional relationship\*\*;
- For Singapore companies only: 2 sets of Original Form 45, Form 45A and/or Form 45B to be signed by client's Directors and Secretary. (Forms can also be provided after completion of due diligence procedure.)
  
- In cases where shareholders and directors are corporate bodies, full notarised/apostilled set of:
  - i) Complete group structure chart
  - ii) List of officers authorised to give instructions
  - iii) Certified\*\*\* / notarised/apostilled Certificate of Incorporation, Memorandum and Articles of Association (M&AA), Register of Directors and Other Officers, Register of Members, Certificate of Good Standing (For companies over 1 year of incorporation) and Certificate of Incumbency
  - iv) Financial statements for the last 2 financial years, preferably audited financials (if any)
  - v) Brochure or any promotional material or website (if any)
  - vi) 2 sets of Certified \*\*\* / notarized/apostilled copy of all passports of Contact Person, Beneficial Owner, Directors, Shareholders and other officers of the body corporate.
  - vii) In cases where shareholders are listed corporations, details of stock exchange listing and regulation (if applicable).

\* A proof of address is any recent document, where the name and residential address of the person is indicated. It can be a recent utility bill, telephone bill, credit card or bank statement or other similar document.

\*\* You can obtain an original Bank Reference from Your bank/professional and send it to us or ask your bank/professional to send it to us directly. Please provide details of bank officer and professional for verification purposes.

\*\*\* Documents may be certified by a lawyer, public accountant, notary public or any staff/representative of VALON

All of the above listed documents should be sent to us e-mail first and thereafter the original documents by mail. We will not be able to complete your order before we are in receipt of the above documents at the following address:

**Valon Corporate Services Private Limited**  
**20 Maxwell Road #09-17 Maxwell House Singapore 069113**  
**E-mail: support@valoncorp.com**

*Note: VALON reserves the right to request further supporting documentation pursuant to the information or documentation given. All further documentation are to be certified / notarised / apostilled.*