

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"/>		<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?	Email	Phone	Mobile

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"/>		<input type="checkbox"/>	Mobile
Source of Wealth / Funds				

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

The purpose of obtaining beneficial owners' information is to:

- a) Identify the natural persons (whether acting alone or together) who ultimately own all the assets or undertakings of the client;*
- b) If there is doubt as to whether the natural persons who ultimately own all the assets or undertakings of the client are the beneficial owners or where no natural persons ultimately own all the assets or undertakings of the client, to then identify the natural persons (if any) who ultimately control the business entity or have ultimate effective control over the client; and*
- c) Where no natural persons are identified above, to identify the natural persons having executive authority in the client, or in equivalent or similar positions.*

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

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

Information of Politically Exposed Persons, their Immediate Family Members and Close Associates

Are any of the persons listed above a politically exposed person, that is, a person who is or has been entrusted with any prominent public function in Singapore, a country or territory outside Singapore, or by an international organisation at present?

Yes / No

Are any of the persons listed above a politically exposed person that is, a person who has been entrusted with any prominent public function in Singapore, a country or territory outside Singapore, or by an international organisation who has stepped down from his prominent public function?

Yes / No

Are any of the persons listed above an immediate family member or a close associate of a politically exposed person or a politically exposed person who has stepped down?

Yes / No

* Please proceed to fill in the PEP form for each politically exposed person, immediate family member or close associate identified

Client's Declaration

I declare that the information provided in this form is true and correct. I am aware that I may be subject to prosecution and criminal sanctions under written law if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.

Signature
Name of Client:
Identity No. / Passport No.:
Date:

If you are signing up via an Agent, we will require the Agent's Contact Details:

Contact Details - Agent (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)	
Contact Details – Agent's Company (All fields are compulsory)	
Full Name (English)	
Company Registration No.	
Date of Incorporation	
Place of Incorporation	
Registered Address	
Mailing/Correspondent 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)	

*Note: Please provide: i) Evidence of the agent's authority to act on behalf of the client.
ii) Documents proof of Agent and Agent's Company*

Agent's Declaration

I declare that the information provided in this form is true and correct. I am aware that I may be subject to prosecution and criminal sanctions under written law if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.

Signature

Name of Agent:

Name of Agent's Company:

Identity No. / Passport No.:

Date:

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"/>	<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"/>	Applicant	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Director
<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 from¹:

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 by²:

Name:
Passport/FIN/NRIC No.:

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

Date:

¹ 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.

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

TAX DECLARATION FORM

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

I hereby **CONFIRM AND DECLARE** as follows:

- i) I am aware of Singapore’s commitment to safeguarding its financial system from being used to harbour or launder tax evasion monies or proceeds from serious tax offences with effect from 1 July 2013. Serious tax crimes include omissions, falsifications or fraudulent conduct perpetrated with willful intent to evade tax or to assist others in evading tax;
- ii) I am responsible for my own tax affairs and hereby declare that I have not been convicted of any serious tax crimes. As appropriate and necessary I have taken, or will take, tax and/or legal advice in relation to the matters referred to in this Declaration;
- iii) To the best of my knowledge, all assets which I have placed and/or will be placing into the Company and its underlying entities are sourced from legitimate sources and are not proceeds of serious tax crimes;
- iv) To the best of my knowledge, the Company and its underlying entities are and will not be used in connection with any serious tax offence; and
- v) I will notify you immediately if there is any change to the circumstances declared above.

I understand that VALON CORPORATE SERVICES PRIVATE LIMITED

- a. will rely on the information I have provided above when considering whether to act and/or continue to act as the service provider; and
- b. is not responsible for providing me with any legal or tax advice and I confirm that I have not relied on VALON CORPORATE SERVICES PRIVATE LIMITED to provide me with such advice.

Declared by the said:

Witnessed by²:

Name:
Passport/FIN/NRIC No.:
Place of Declaration:

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

Date:

¹ 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.

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

FORM FOR POLITICALLY EXPOSED PERSONS (PEP) – PAGE 1 OF 2

Section A – Information about Politically Exposed Persons, their Immediate Family Members and Close Associates (All fields are compulsory)	
Name of Politically Exposed Person and background/ purpose of any transaction that that registered FA is required to carry out	
Describe nature of prominent public function that the person is or has been entrusted with (for example, as a domestic politically exposed person, a foreign politically exposed person, or a politically exposed person of an international organisation)	
Period of time in which the person is/ was a politically exposed person	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	
Name of person who is an immediate family member of a politically exposed person and background/ purpose of any transaction that that registered FA is required to carry out	
Describe nature of the person's relationship with the politically exposed person	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	
Name of person who is a close associate of a politically exposed person and background/ purpose of any transaction that that registered FA is required to carry out	
Describe nature of the person's relationship with the politically exposed person	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	

FORM FOR POLITICALLY EXPOSED PERSONS (PEP) – PAGE 2 OF 2

Section B – Client’s Declaration	
I declare that the information provided in this form is true and correct. I am aware that I may be subject to prosecution and criminal sanctions if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.	
Signature	
Name of Client	
Identity No. / Passport No.	
Date	

Section C – Agent’s Declaration (If any required)	
I declare that the information provided in this form is true and correct. I am aware that I may be subject to prosecution and criminal sanctions if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.	
Signature	
Name of Agent	
Identity No. / Passport No.	
Name of Agent’s Company	
Agent’s Company Registration No.	
Date	

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.