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

Section 1: Particulars of Legal Person the UCP is acting on behalf of acting	**Supporting Documents**
Is the UCP 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:
Note: To complete and attach Form U5 for all individuals identified.

**To add more pages where necessary.*