



# HILDA LOE ASSOCIATES

UEN: 200208675G

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Tel: 65 8634 3323 Fax: 65 8634 3328



Notice: We are collecting the information on this form for the purpose of administering your account and providing the services which you are requesting. This information will be retained and used for those purposes and may be passed to another party to achieve these goals.  
If you agree, we may elect to use this information to inform you of specific products and/or services that we or our associates provide based on the probable relevance to your needs if you check this box.  I agree. (Go to <http://hildaloe.com/privacynotice.php> to read our policy in full.)

Completion of this form is necessary to facilitate Hilda Loe Associates in performing the service(s) you require. Once signed, this form becomes a legally binding contract, for this reason, Hilda Loe Associates's Terms and Conditions should be reviewed first. Please email ([ops@hildaloe.com](mailto:ops@hildaloe.com)) or fax completed form to (SIN) 65 6722 0646.

\*Hilda Loe Associates reserves the right not to onboard potential clients that do not provide us with the documents or information necessary for compliance duties with regards to this order form.

## ORDER FORM FOR NOMINEE SERVICES - OFFSHORE COMPANY

### Part A: Company Information

|    |                                                                                   |
|----|-----------------------------------------------------------------------------------|
| 1. | Name of Company to be represented by our Nominee (known as "Represented Company") |
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|    |                |
|----|----------------|
| 2. | Company Number |
|----|----------------|

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| 3. | Registered Address |
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| 4. | Nominee Agreement & Appointment Letter to be signed by: (Please indicate full name and address of the **Nominator and authorized signor -info will be reflected on these documents)                          |
|    | ** A Nominator is a person who (or one who) nominates a Nominee Director, signs the nominee agreement and gives directions & instructions to the Nominee Director in the course of the Company's operations. |

**Part B: Company Secretary / Nominee Services Required**

|    |                   |                                                                                                                                                                                                                                                                              |
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| 1. | Company Secretary | <ul style="list-style-type: none"> <li>○ BVI Body Corporate (SGD 450/USD 350 per year)</li> <li>○ Singapore Body Corporate (SGD 550/USD 400 per year)</li> <li>○ Singapore Natural Person (Practising Chartered Secretary with SAICSA) (SGD 600/USD 450 per year)</li> </ul> |
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| 2. | Nominee Director | <ul style="list-style-type: none"> <li>○ Director (BVI Corporate Body) SGD 500/USD 375 per year)</li> <li>○ Director (Hong Kong Corporate Body) (SGD 650/USD 485 per year)</li> <li>○ Director (Singapore Corporate Body) (SGD 650/USD 485 per year)</li> <li>○ Director (Singapore Natural Person) (SGD 750/USD 575 per year)</li> <li>○ To issue Power of Attorney to _____ (SGD 175/USD 130, witnessed by Singapore Notary Public)</li> </ul> |
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| 3. | Nominee Shareholder | <ul style="list-style-type: none"> <li>○ Shareholder (Singapore Natural Person, number of shares to be issued _____) (SGD 750 per year)</li> <li>○ Shareholder (BVI Body Corporate), number of shares to be issued _____ (SGD 500 per year)</li> <li>○ Shareholder (HKG Body Corporate), number of shares to be issued _____ (SGD 650 per year)</li> <li>○ Declaration of Trust witnessed by HLA staff (SGD 125 per Shareholder appointment)</li> <li>○ Declaration of Trust witnessed by Singapore Lawyer (SGD 175 per Shareholder appointment)</li> </ul> |
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**Part C: Nominator/ Beneficial Owner Representative/ Principal Contact Information**

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| 1. | <p><b>Nominator/ *Beneficial Owner</b> Representative/ *Principal Contact name as per passport:<br/>                 (*Please delete if not applicable)</p> <p>Are you acting as a Nominator that nominates &amp; instructs the appointed Nominee Director?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul> <p>Are you also the <b>BENEFICIAL OWNER</b>?</p> <ul style="list-style-type: none"> <li>○ Yes –If yes, skip Beneficial Owner information section on Part D</li> <li>○ No</li> </ul> |
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|----|---------------------------------------------------------------|-------------------|---------|--|
| 2. | Date & Place of Birth (Please indicate both city and country) | Date (dd/mm/yyyy) | City    |  |
|    |                                                               |                   | Country |  |

|    |             |  |
|----|-------------|--|
| 3. | Nationality |  |
|----|-------------|--|

|    |                      |  |
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| 4. | Passport / ID number |  |
|----|----------------------|--|

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|----|-------------------|--|
| 5. | Residence Address |  |
|----|-------------------|--|

|    |                                                                 |  |
|----|-----------------------------------------------------------------|--|
| 6. | Country of Domicile (If multiple, please provide all countries) |  |
|----|-----------------------------------------------------------------|--|

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| 7. | Country, Name on ID & ID No. for each country of which you are a citizen. |  |
|----|---------------------------------------------------------------------------|--|

|    |           |  |           |  |
|----|-----------|--|-----------|--|
| 8. | Telephone |  | E-mail ID |  |
|----|-----------|--|-----------|--|

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| 9. | <p>Do you have an alternate address for mailing or other functions?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>If Yes, please provide</b></p> |
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|     |                                                                                                                                                                                                                     |
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| 10. | <p>Are you a “Politically Exposed Person” (PEP)<sup>#</sup>?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>If Yes, please provide details of the position held and association</b></p> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><sup>#</sup> A Politically Exposed Person is someone who, through their prominent position or influence, now, or in the past, is more susceptible to being involved in bribery or corruption. In addition, any close business associate or family member of such a person will also be deemed as being a risk, and therefore could also be added to the PEP list. For more information see: <a href="https://accuity.com/resources/what-is-a-politically-exposed-person-pep/">https://accuity.com/resources/what-is-a-politically-exposed-person-pep/</a></p> |
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| 11. | <p>Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings?</p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No </p> <p><b>If Yes, please provide details</b></p> |
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|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 12. | <p>Are you a United States (US) person*? (as defined for US tax purposes)?</p> <p> <input type="radio"/> Yes<br/> <input type="radio"/> No </p> <p>If Yes, Please provide</p> <p>a) Duly signed Form Affidavit (To be provided separately)</p> <p>b) One of the following (Please mark X)</p> <p> <input type="radio"/> ITIN Number<br/> <input type="radio"/> Visa number<br/> <input type="radio"/> Green Card Number<br/> <input type="radio"/> SSN </p> |
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| 13. | <p>Source of Wealth (SOW) Information</p> <p>Please tick all that apply:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                 |
|     | <p>Source of Wealth/ Income</p> <p> <input type="checkbox"/> Business Proceeds<br/> <input type="checkbox"/> Dividend Income<br/> <input type="checkbox"/> Director's Fees<br/> <input type="checkbox"/> Employment Income<br/> <input type="checkbox"/> Pension Scheme<br/> <input type="checkbox"/> Agent's Commission<br/> <input type="checkbox"/> Intellectual Property Royalties<br/> <input type="checkbox"/> Loan Principal/Interest<br/> <input type="checkbox"/> Lease Rents<br/> <input type="checkbox"/> Insurance<br/> <input type="checkbox"/> Savings<br/> <input type="checkbox"/> Others (If any please state) </p> | <p>Investment Income</p> <p> <input type="checkbox"/> Property<br/> <input type="checkbox"/> Security<br/> <input type="checkbox"/> Equity<br/> <input type="checkbox"/> Others (If any please state) </p> <hr/> <p>Inheritance &amp; Gift</p> <p> <input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate) </p> |

**Part D: Beneficial Owner Information**

|    |                                                               |                   |         |  |
|----|---------------------------------------------------------------|-------------------|---------|--|
| 1. | Full Name (As per passport)                                   |                   |         |  |
| 2. | Date & Place of Birth (Please indicate both city and country) | Date (dd/mm/yyyy) | City    |  |
|    |                                                               |                   | Country |  |

|    |             |  |
|----|-------------|--|
| 3. | Nationality |  |
|----|-------------|--|

|    |                      |  |
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| 4. | Passport / ID number |  |
|----|----------------------|--|

|    |                   |  |
|----|-------------------|--|
| 5. | Residence Address |  |
|----|-------------------|--|

|    |                                                                 |  |
|----|-----------------------------------------------------------------|--|
| 6. | Country of Domicile (If multiple, please provide all countries) |  |
|----|-----------------------------------------------------------------|--|

|    |                                                                           |  |
|----|---------------------------------------------------------------------------|--|
| 7. | Country, Name on ID & ID No. for each country of which you are a citizen. |  |
|----|---------------------------------------------------------------------------|--|

|    |           |  |           |  |
|----|-----------|--|-----------|--|
| 8. | Telephone |  | E-mail ID |  |
|----|-----------|--|-----------|--|

|    |                                                                                                                                                                               |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. | <p>Do you have an alternate address for mailing or other functions?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>If Yes, please provide</b></p> |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|     |                                                                                                                                                                                                                                                                                                                                                                   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. | <p>Are you a “Politically Exposed Person” (PEP)*?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>If Yes, please provide details of the position held and association</b></p>                                                                                                                                                          |
|     | <p># A Politically Exposed Person is someone who, through their prominent position or influence, now, or in the past, is more susceptible to being involved in bribery or corruption. In addition, any close business associate or family member of such a person will also be deemed as being a risk, and therefore could also be added to the PEP list. For</p> |

more information see: <https://accuity.com/resources/what-is-a-politically-exposed-person-pep/>

11. Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings?

- Yes
- No

**If Yes**, please provide details

12. Are you a United States (US) person\*? (as defined [here](#) for US tax purposes)?

- Yes
- No

If Yes, Please provide

- c) Duly signed Form Affidavit (To be provided separately)
- d) One of the following (Please mark X)

- ITIN Number
- Visa number
- Green Card Number
- SSN

13. Source of Wealth (SOW) Information  
Please tick all that applies:

| Source of Wealth/ Income                                                                                                                                                                                                                                                                                                                               | Investment Income                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Business Proceeds</li> <li><input type="checkbox"/> Dividend Income</li> <li><input type="checkbox"/> Director's Fees</li> <li><input type="checkbox"/> Employment Income</li> <li><input type="checkbox"/> Pension Scheme</li> </ul> <p style="text-align: center;">more below...</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Property</li> <li><input type="checkbox"/> Security</li> <li><input type="checkbox"/> Equity</li> <li><input type="checkbox"/> Others (If any please state)</li> </ul> <p style="text-align: center;">-----</p> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Agent's Commission</li> <li><input type="checkbox"/> Intellectual Property Royalties</li> <li><input type="checkbox"/> Loan Principal/Interest</li> <li><input type="checkbox"/> Lease Rents</li> <li><input type="checkbox"/> Insurance</li> <li><input type="checkbox"/> Savings</li> <li><input type="checkbox"/> Others (If any please state)</li> </ul> <p>_____</p> | <p>Inheritance &amp; Gift</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Please furnish with support documents (E.g. Death Certificate)</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part E: Declaration**

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 1. | I/We (hereinafter the Client) confirm that the Client has been informed that the structure/Company that the Client is setting up could be reportable and taxable in the country of residency/citizenship, and therefore the Client should obtain appropriate legal and tax advice in the home jurisdiction and all other relevant jurisdictions. The Client hereby declares that the Client will follow the advice received and comply with my reporting obligations if any. |
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|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | In the event that Hilda Loe Associates Pte. Ltd.(HLA), as service provider, is at any time under the legal obligation to any applicable governmental authority, directly or indirectly to report the structure or becomes tax liable together with the Client in relation to the assets held in the structure, HLA may be obligated to enquire or ensure that the Client has sought or implemented any such tax and/or legal advice and that the Client will report all relevant information to the Tax Authorities. In the event of such reporting, the Client shall hold HLA harmless for any damages or actions resulting from such reporting. |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| 3. | The Client confirms that none of the assets proposed to transfer to the Structure/Company has been derived from or relate to any of the "Designated Categories of Offences" (see 5 below). |
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| 4. | <p>The Client and the undersigned, confirm that the nominee services requested are not used for illegal purposes and hereby consent to act as Nominator and/or Director and/or Beneficial Owner Representative and/or Principal Contact of the Company. Where the information provided in Section A to D is changed from any time hereafter, the Client and the undersigned agree to inform Hilda Loe Associates Pte. Ltd. immediately. The Client and the undersigned hereby confirm and declare that all details provided above are true and correct to the best of their knowledge.</p> <p>Name _____ Signature _____</p> <p>Date _____ Place _____</p> <p>Contact Number _____ Email _____</p> |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. | <p>Designed Categories of Offences<br/>List of “Designated Categories of Offences” as per Forty Recommendations on Money Laundering prepared by the Financial Action Task Force (FATF).</p> <ul style="list-style-type: none"> <li>• Participation in an organized criminal group and racketeering.</li> <li>• Terrorism, including terrorist funding.</li> <li>• Human trafficking and migrant smuggling or sexual exploitation, including that of children.</li> <li>• Illicit trafficking of narcotics and psychotropic substances, arms or stolen goods.</li> <li>• Bribery and corruption.</li> <li>• Fraud, counterfeiting currency and the counterfeiting or piracy of products.</li> <li>• Environmental Crime.</li> <li>• Murder and Grievous bodily injury.</li> <li>• Kidnapping, illegal restraint and hostage-taking.</li> <li>• Theft, robbery or smuggling (including those related to custom excise duties and taxes)</li> <li>• Tax crimes (Related to direct taxes and indirect taxes)</li> <li>• Extortion, forgery or piracy.</li> <li>• Insider training an market manipulation.</li> </ul> |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Please ensure the following documents are attached or have already been sent to Hilda Loe Associates:**

- ✓ **Scanned copy of identification in the form of a passport or national ID for each Nominator/ Beneficial Owner Representative/ Principal Contact and Beneficial Owner**
- ✓ **Scanned copy of utility bill or credit card/bank statement as proof of current address of each Nominator / Beneficial Owner Representative/ Principal Contact and Beneficial Owner**
- ✓ **Scanned copy of the Certificate of Incorporation and Company Profile (Bizfile or similar showing registered address, directors and shareholders info) of the Represented Company.**
- ✓ **Payment for nominee services and security deposit.**

*Thank you for choosing Hilda Loe Associates Pte Ltd*