	KAY HIAN PRIVATE LIMITED Singapore Exchange Securities Trading Limited	ð
Tel : 6535	y Road #01-01 Singapore 229957 56868 Fax : 6532 6919 www.uobkayhian.com Bus Reg : 197000447W	
ONLIN	IE TRADING FACILITY ACTIVATION - INDIVIDUAL/JOINT ACCOU	NT
FULL NAME	E (AS IN SECURITIES TRADING ACCOUNT)	TRADING ACCOUNT NUMBER / TR CODE
SUPERSED	ANDATORY) (THIS EMAIL WILL BE USED FOR FUTURE CORRESPONDENCES AND WILL DE ALL PREVIOUS EMAIL ADDRESSES THAT YOU MAY HAVE FURNISHED WHEN YOU HED A TRADING ACCOUNT WITH US)	NRIC / PASSPORT NO. / CO. REG. NO.
IF YOU ALRE	EADY HAVE AN EXISTING ONLINE ACCOUNT, KINDLY INDICATE IF YOU NEED A NEW PASSWORD \square ye	s 🗖 NO
	NET TRADING ACCESS FOR SIN, M'SIA, HK, SE-HK, SZ-HK, UK and CA MARKETS 🛛 🗍 U.S. MARKET (1	W8-BEN FORM IS MANDATORY)
Note: For	Joint Accounts, both Account Holders are required to sign.	
* To exped	tite your application, please submit a copy of your NRIC.	
	ATION Ve hereby declare that all information provided in this application is correct, true an aterial fact.	d accurate and I/we have not willfully withheld any
Inte	v accessing the Internet Trading facility provided by UOB Kay Hian Pte Ltd ("UOBKH"), ternet Trading", a copy of which is made available for my/our perusal, on the Internet T rms and conditions as stated on the "Terms and Conditions Governing Internet Trading"	rading website of UOBKH. I/we also accept that the

- I/We acknowledge that I/we have read, understood and agree to the terms set out in the "Master Trading Agreement" ("MTA") and "Guide 3. and Cautionary Notes" ("GCN") governing my/our trading account with UOBKH, and also accept that the terms of the MTA and GCN may be revised from time to time.
- I/We acknowledge that I am/we are required to pass, or be exempted from, a Customer Account Review and/or Customer Knowledge 4. Assessment to be deemed as having the relevant knowledge and/or experience to understand the risks and features of SIPs in order to trade Specified Investment Products ("SIP"s) through my trading account with UOBKH. (SIPs include, but are not limited to, ETFs and covered warrants listed on any exchange.)
- 5. I/We acknowledge that I/we will receive all my/our monthly statements and contracts electronically.
- 6. I/We hereby declare that I am/we are not an undischarged bankrupt.

SIGNATURE OF MAIN ACCOUNT HOLDER
NAME:
DATE:

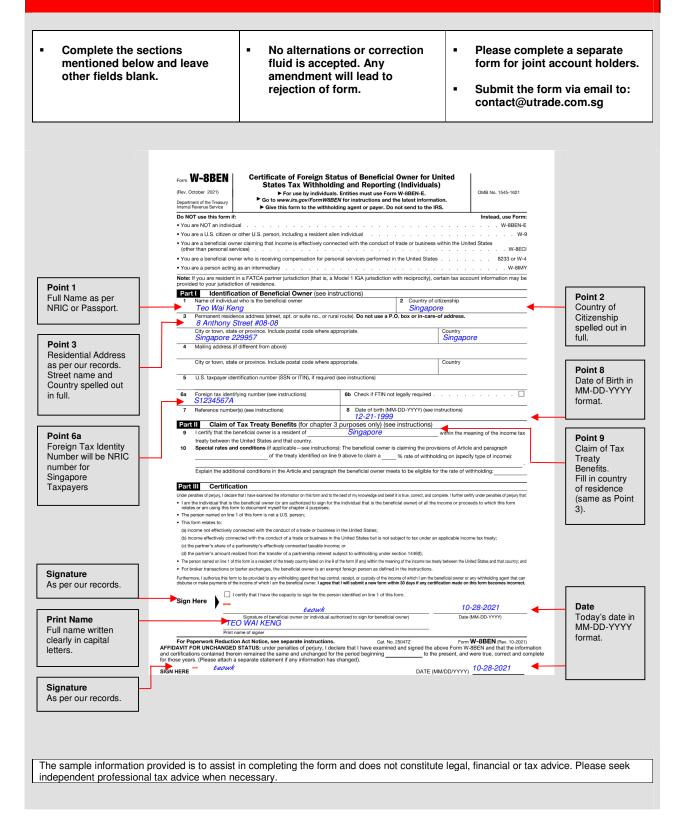
SIGNATURE OF JOINT ACCOUNT HOLDER NAME: DATE:

CLIENT ACCOUNTS DEPARTMENT		
SIGNATURE VERIFY BY / DATE	REVIEWED BY / DATE	ACCOUNT ENROLLED BY / DATE
14 May 2021		

EMAIL TO: CONTACT@UTRADE.COM.SG

JOBKavHian

INSTRUCTIONS FOR W-8BEN FORM COMPLETION



(Rev. October 2021)	Certificate of Foreign St States Tax Withhold		• •	OMP No. 1545 1001		
Department of the Treasu	► For use by individua Go to www.irs.gov/FormW8E		OMB No. 1545-1621			
Internal Revenue Service	Give this form to the withhom	olding agent or payer. Do r	not send to the IRS.			
Do NOT use this for	rm if:			Instead, use Form:		
You are NOT an in	dividual			W-8BEN-E		
You are a U.S. citiz	zen or other U.S. person, including a resident a	lien individual		W-9		
	al owner claiming that income is effectively con al services)					
 You are a beneficia 	al owner who is receiving compensation for per	sonal services performed in	the United States			
 You are a person a 	cting as an intermediary			W-8 I MY		
	dent in a FATCA partner jurisdiction (that is, a isdiction of residence.	Model 1 IGA jurisdiction w	ith reciprocity), certain tax ac	ccount information may be		
	tification of Beneficial Owner (see in	structions)				
1 Name of indi	vidual who is the beneficial owner		2 Country of citizenship			
0 Democratic) have an in some of address			
3 Permanent re	esidence address (street, apt. or suite no., or ru	irai route). Do not use a P.C	Dux or in-care-of address.			
City or town	state or province. Include postal code where a	appropriate.	Country			
Only of town,			Country			
4 Mailing addr	ess (if different from above)					
City or town,	state or province. Include postal code where a	appropriate.	Country			
5 U.S. taxpaye	er identification number (SSN or ITIN), if require	d (see instructions)				
6a Foreign tax i	dentifying number (see instructions)	6b Check if FTIN not	egally required	🗆		
7 Deference n		8 Date of birth (MM-				
7 Reference nu	umber(s) (see instructions)		-DD-YYYY) (see instructions)			
Part II Clain	n of Tax Treaty Benefits (for chapter	3 purposes only) (see	instructions)			
	the beneficial owner is a resident of	<u> </u>	· · · · ·	meaning of the income tax		
treaty betwe	en the United States and that country.			5		
10 Special rate	s and conditions (if applicable-see instructio	ons): The beneficial owner is	claiming the provisions of Art	icle and paragraph		
	of the treaty identified on lin	ne 9 above to claim a	% rate of withholding on (spe	ecify type of income):		
Explain the a	additional conditions in the Article and paragrap	oh the beneficial owner mee	ts to be eligible for the rate of	withholding:		
Part III Certi	fication					
	fication declare that I have examined the information on this form and to	the best of my knowledge and belief i	t is true, correct, and complete. I further	certify under penalties of perjury that:		
Under penalties of perjury, I I am the individual the 	declare that I have examined the information on this form and to at is the beneficial owner (or am authorized to sign for					
Under penalties of perjury, I I am the individual the relates or am using the relates of the	declare that I have examined the information on this form and to at is the beneficial owner (or am authorized to sign for nis form to document myself for chapter 4 purposes;					
Under penalties of perjury, I I am the individual th relates or am using th The person named or 	declare that I have examined the information on this form and to at is the beneficial owner (or am authorized to sign for					
Under penalties of perjury, I I am the individual th relates or am using th The person named ou This form relates to:	declare that I have examined the information on this form and to at is the beneficial owner (or am authorized to sign for nis form to document myself for chapter 4 purposes; n line 1 of this form is not a U.S. person;	the individual that is the benefic				
Under penalties of perjury, I • I am the individual th relates or am using th • The person named of • This form relates to: (a) income not effecti	declare that I have examined the information on this form and to at is the beneficial owner (or am authorized to sign for nis form to document myself for chapter 4 purposes; n line 1 of this form is not a U.S. person; vely connected with the conduct of a trade or busines	the individual that is the benefic	cial owner) of all the income or pro	oceeds to which this form		
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for those years. (Please attach a separate statement if any information has changed).