

CWSI

For Corporate Client, it is required to provide the following requisite documents/information before opening a securities account:-

Hong Kong Company:

1. Certified copy of Business Registration Certificate
2. Certified copy of Certificate of Incorporation
3. Certified copy of Memorandum & Articles of Association
4. Certified copy of latest Annual Return and its subsequent change of particulars
(If no AR, please provide documents of director and shareholder)
5. Certified true copy of Latest Audited Financial Statements (If any)
6. Copy of HKI.D/Passport of each director
7. Copy of HKI.D/Passport of each shareholder
(If shareholder is a company, please provide Certificate of Incorporation or Business Registration Certificate)
8. Address proof of the company and each director (within 3 months period)
9. Certified true copy of Latest Audited Financial Statements (If any)

If your company is a BVI Company, please provide the following documents:-

1. Certified copy of Certificate of Incorporation
2. Certified copy of Memorandum & Articles of Association
3. Certified true copy of Latest Audited Financial Statements (If any)
4. Certified copy of Register of Directors
5. Certified copy of Register of Members
6. Copy of HKI.D/Passport of each Director and Members
(If Register of Members is a company, please provide Certified copy of Certificate of Incorporation)
7. Address proof of the company and each Director (within 3 months period)
8. Copy of HKI.D/Passport of each Ultimate Beneficiaries
(If Ultimate Beneficiaries is a company, please provide Certified copy of Certificate of Incorporation)
9. Ownership Structure
10. Certified copy of Certificate of incumbency

*(A Certificate of incumbency or equivalent issued by the company's registered agent in the place of incorporation or certified by a professional third party in the relevant jurisdiction within the last 6 months.)

若開立商業戶口，請先行準備以下所需文件：

香港註冊公司：

1. 商業登記證（須由第三方的認可執業會計師 / 律師簽證為真確的副本）
2. 公司註冊證書（須由第三方的認可執業會計師 / 律師簽證為真確的副本）
3. 公司組織章程大綱及細則（須由第三方的認可執業會計師 / 律師簽證為真確的副本）
4. 最新週年申報表及其後更改的資料；若沒有，請提供股本證明（須由第三方的認可執業會計師 / 律師簽證為真確的副本）
5. 各董事香港身份證或護照副本
6. 各股東身份證或護照副本
7. 各董事及各股東住宅地址證明（有效期為近三個月的）
8. 最新經審計財務報表的核證副本（須由第三方的認可執業會計師 / 律師簽證為真確的副本）(如有)

海外註冊公司：

1. 公司註冊證書（須由第三方的認可執業會計師 / 律師簽證為真確的副本）
2. 公司組織章程大綱及細則（須由第三方的認可執業會計師 / 律師簽證為真確的副本）
3. 最新經審計財務報表的核證副本（須由第三方的認可執業會計師 / 律師簽證為真確的副本）(如有)
4. 董事名冊（須由第三方的認可執業會計師 / 律師簽證為真確的副本）
5. 股東名冊（須由第三方的認可執業會計師 / 律師簽證為真確的副本）
6. 各董事及各股東香港身份證或護照副本（若股東身份為公司名義，請提供由第三方的認可執業會計師 / 律師簽證為真確的副本之商業登記證或公司註冊證書）
7. 各董事及公司住宅地址證明（有效期為近三個月的）
8. 最終受益人身份證或護照副本（若最終受益人身份為公司名義，請提供由第三方的認可執業會計師 / 律師簽證為真確的副本之商業登記證或公司註冊證書）
9. 公司架構圖
10. 在職權證明書（須由第三方的認可執業會計師 / 律師簽證為真確的副本）

*(在職權證明書須由當地註冊代理人簽發或由相關司法管轄區的專業第三者核證)



中達證券投資有限公司

CENTRAL WEALTH SECURITIES INVESTMENT LIMITED

Account No 帳戶號碼: _____

Date 日期: _____

AE Code: _____

香港金鐘夏慤道16號遠東金融中心18樓1801-1802室

Room 1801-1802, 18F, Far East Finance Centre,

16 Harcourt Road, Admiralty, Hong Kong, CE No.: AVE583

Website 網址: www.cwsi.com.hk Email 電郵: cs@cwsi.com.hk Tel 電話: 3958 4600 Fax 傳真: 39584666

ACCOUNT OPENING FORM 開戶表格 (CORPORATE ACCOUNT 公司帳戶)

Account Type(s) 帳戶類別 (Please tick appropriate box. 請在適當空格加v)

- Securities Account (Cash) 證券帳戶(現金) Securities Account (Margin) 證券帳戶 (保證金)
- Stock Options Account 股票期權帳戶 Electronics Trading 電子交易服務

CORPORATE INFORMATION: 公司資料:

Company Name (English): 公司名稱(英文): _____

Company Name (Chinese): 公司名稱(中文): _____

Business Registration No.: 商業登記號碼: _____

Certificate of Incorporation No.: 公司註冊號碼: _____

Country of Incorporation: 註冊國家: _____

Date of Incorporation: 註冊日期: _____

Registered Address:

註冊地址: _____

Business Address: Same As Registered address 與註冊地址相同

商業地址: _____

Business Tel. No.:

商業電話: _____

Contact person Tel. No.:

聯絡人電話號碼: _____

Fax No.:

傳真號碼: _____

E-mail Address: 電子郵件地址: _____

CCASS Investor Account Name & No.: 中央結算投資者戶口名稱及號碼: _____

All Correspondence and Statements to be sent to: (please select either one) 所有書信及賬單請寄交本人: (只選一項):

- Residential Address 住宅地址 Business Address 商業地址
- Email 電子郵件 Others: 其他 _____

FATCA INFORMATION: 外國帳戶稅收合規法案資料:

Nature of Business: 業務性質:

- Non-Financial Institution: 非金融機構: _____ Financial Institution: 金融機構: _____

U.S. Tax Obligation: 美國稅務責任:

- No 沒有 Yes 有 (TIN 稅務身份號碼: _____)

Global Intermediary Identification Number (GIIN):

全球中介人身份號碼: _____

DIRECTOR INFORMATION 董事資料

SHAREHOLDER INFORMATION 股東資料

Name(s) of All Director(s)

全部董事姓名

I.D. Card No./ Passport No.

身份證號碼/護照號碼

Shareholder(s) Name

股東姓名

Shareholding

所佔股權(%)

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.

7.

7.

8.

8.

9.

9.

10.

10.

Financial Profile 財務狀況 (HKD)	
Paid-up Capital: 發行股本:	Net Asset Value: 資產淨值:
Latest Annual Profit: 最近年度利潤:	Liquid Assets: 流動資產:
<input type="checkbox"/> <HK\$500,000 <input type="checkbox"/> HK\$1,000,001-HK\$5,000,000 <input type="checkbox"/> HK\$500,001-HK\$1,000,000 <input type="checkbox"/> >HK\$5,000,000	<input type="checkbox"/> <HK\$1,000,000 <input type="checkbox"/> HK\$5,000,001 - HK\$10,000,000 <input type="checkbox"/> HK\$1,000,001 - HK\$5,000,000 <input type="checkbox"/> >HK\$10,000,000

Client Investment Experience and Objective 客戶投資經驗及目標	
Investment Experience: 投資經驗:	Investment Experience: 投資經驗:
<input type="checkbox"/> 少於 1 年 Less than a year <input type="checkbox"/> 6-10 年 years <input type="checkbox"/> 1-5 年 years <input type="checkbox"/> 10 年以上 More than 10 years	<input type="checkbox"/> 少於 1 年 Less than a year <input type="checkbox"/> 6-10 年 years <input type="checkbox"/> 1-5 年 years <input type="checkbox"/> 10 年以上 More than 10 years
Investment Objective: 投資目的:	Investment Objective: 投資目的:
<input type="checkbox"/> Long Term 長線 <input type="checkbox"/> Capital Appreciation 資本增值 <input type="checkbox"/> Medium Term 中線 <input type="checkbox"/> Dividend Yield 股息回報 <input type="checkbox"/> Short Term 短線 <input type="checkbox"/> Hedging 對沖 <input type="checkbox"/> Speculation 投機	<input type="checkbox"/> Long Term 長線 <input type="checkbox"/> Capital Appreciation 資本增值 <input type="checkbox"/> Medium Term 中線 <input type="checkbox"/> Dividend Yield 股息回報 <input type="checkbox"/> Short Term 短線 <input type="checkbox"/> Hedging 對沖 <input type="checkbox"/> Speculation 投機
Investment Products and Experience 曾買賣產品及投資經驗	Investment Products and Experience 曾買賣產品及投資經驗
<input type="checkbox"/> Stocks 股票 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Options 期權 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Warrants 衍生權證(窩輪) <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Futures 期貨 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> CBBC 牛熊證 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Bonds 債券 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Funds 基金 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Others 其他: _____ <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上	<input type="checkbox"/> Stocks 股票 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Options 期權 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Warrants 衍生權證(窩輪) <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Futures 期貨 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> CBBC 牛熊證 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Bonds 債券 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Funds 基金 <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上 <input type="checkbox"/> Others 其他: _____ <input type="checkbox"/> 少於 1 年 <input type="checkbox"/> 1-5 年 <input type="checkbox"/> 5 年以上
Estimated Investment Amount 估計投資金額:	Estimated Investment Amount 估計投資金額:
<input type="checkbox"/> < HK\$100,000 <input type="checkbox"/> HK\$1,000,001 - 5,000,000 <input type="checkbox"/> HK\$100,000 - 500,000 <input type="checkbox"/> HK\$5,000,001 - 10,000,000 <input type="checkbox"/> HK\$500,001 - 1,000,000 <input type="checkbox"/> > HK\$10,000,000	<input type="checkbox"/> < HK\$100,000 <input type="checkbox"/> HK\$1,000,001 - 5,000,000 <input type="checkbox"/> HK\$100,000 - 500,000 <input type="checkbox"/> HK\$5,000,001 - 10,000,000 <input type="checkbox"/> HK\$500,001 - 1,000,000 <input type="checkbox"/> > HK\$10,000,000

Client's Knowledge of Derivative Products 客戶對衍生產品的認識
<p>吾等知悉及明白中達證券投資有限公司("中達證券")將根據以下的資料以評估本人是否對衍生工具產品有認識。</p> <p>We acknowledge and understand Central Wealth Securities Investment LIMITED ("CWSI") will assess whether I have adequate knowledge on derivative products according to the information that I provided.</p> <p><input type="checkbox"/> 1. 吾等已接受有關介紹一般衍生產品之性質及風險的培訓或課程 (例如學術機構或金融機構所提供之課程)。 We underwent training or attended courses on derivative products that provide general knowledge of the nature and risks of derivatives (e.g. courses offered by academic or financial institutions).</p> <p><input type="checkbox"/> 2. 吾等現時或過去擁有與衍生產品有關的工作經驗。 We have current or previous work experience related to derivative products.</p> <p><input type="checkbox"/> 3. 吾等於過去 3 年曾執行 5 次或以上有關衍生產品的交易。 We have executed five or more transactions in derivative products within the past three years.</p> <p><input type="checkbox"/> 4. 吾等並未有衍生產品之認識。 We do not have any knowledge of derivative products.</p>

Identity Declaration 身份聲明

1. 客戶是帳戶的最終及唯一實益擁有人，並完全負責為該(等)帳戶運作所發出的一切指示? The Client is the ultimate and sole beneficial owner(s) of the Account(s) and is fully responsible for all instructions for the operation of the said Account(s)?

是 Yes 否 No 如不是，請披露最終權益人。If not, please specify the ultimate beneficial owner(s)

姓名: Name: _____ 身份證/護照號碼: ID/Passport No.: _____ 電話號碼: Tel. No.: _____

2. 客戶之任何董事、主要股東、最終實益持有人、最終主要實益持有人或獲授權人士是否香港交易所之交易所參與者或證監會之持牌人或註冊人之董事、僱員或認可人士? Is any director, substantial shareholder, ultimate beneficiary, ultimate principal beneficial owner or Authorized Person of the Client a director or an employee or an accredited person of any exchange participant of the Hong Kong Exchange or any licensed or registered person of the Securities and Futures Commission?

否 No 是 Yes (If yes, please specify: 如果是，請述明具體：持牌法團/註冊機構名稱: _____)

職位: Position: _____ 中央編號 CE No.: _____ (Please provide employer's consent letter 請提供僱主之書面同意書)

3. 客戶之任何董事、主要股東、最終實益持有人、最終主要實益持有人或獲授權人士是否與中達證券投資有限公司(“中達證券”)或其各自之聯營公司之董事或僱員有任何親戚關係? Does any director, substantial shareholder, ultimate beneficiary, ultimate principal beneficial owner or Authorized Person of the Client have any relationship with the director(s) or employee(s) of CENTRAL WEALTH SECURITIES INVESTMENT LIMITED (“CWSI”) or their respective associated companies?

否 No 是 Yes, _____

(Name of Director or Employee 董事或僱員姓名/ Relationship 關係)

4. 客戶之任何董事、主要股東、最終實益持有人、最終主要實益持有人或獲授權人士是否中達證券投資有限公司(“中達證券”)的客戶? Is any director, substantial shareholder, ultimate beneficiary, ultimate principal beneficial owner or Authorized Person of the client a client of CENTRAL WEALTH SECURITIES INVESTMENT LIMITED (“CWSI”)?

否 No 是 Yes, 帳戶姓名: Name of the Account: _____ 帳戶號碼: Account No.: _____

收款(香港)銀行戶口 Receiving (Hong Kong) Bank Account (只供入數之用 For Fund Deposit Only)

Currency 貨幣	Name of Bank 銀行名稱	Account Name 賬戶名稱	A/C No. 賬戶號碼
HKD			
USD			
RMB			

TRADING AUTHORISATION 交易授權

The following individuals are authorized to execute trades on behalf of the Client. 下列人士均可對帳戶以書面或口頭形式發出交易命令或指示

Name of Authorized Person(s) 被授權人姓名	ID Card/Passport No. 身份證/護照號碼	Contact Tel. No. 聯絡電話號碼	Specimen Signature(s) 簽名式樣
1			
2			
3			
4			
5			

SIGNING ARRANGEMENT 簽名安排

以下授權人士簽署均可代表公司對帳戶進行資金/股票存儲/提取、發出清算指令和其他有關帳戶的指令。

The following individuals are authorized to deposit/withdraw fund/shares to/from the Account, give settlement instructions and any other instructions on behalf of the Client.

簽署指示 Signing Instruction : 單簽 Anyone can sign singly 任何兩人同簽 Any two must sign jointly 其他 Others : _____

Name of Authorized Person(s) 被授權人姓名	ID Card/Passport No. 身份證/護照號碼	Specimen Signature(s) 簽名式樣
1		
2		
3		
4		
Company Chop Specimen 公司印章式樣		

Personal Data 個人資料

中達證券投資有限公司 ("中達證券")擬使用閣下的個人資料作直接促銷，為此須取得閣下的同意。通過簽署此開戶申請表格，你同意中達證券向你發放關於財務、證券、投資的服務和產品的推廣資料。你亦同意中達證券與其集團公司分享閣下的個人資料作行銷用途。CENTRAL WEALTH SECURITIES INVESTMENT LIMITED ("CWSI") intends to use your personal data in direct marketing which requires your consent. By signing this account opening form, you agree to receive promotional and direct marketing information from CWSI in respect of financial, insurance, securities, investment services and products CWSI may offer. You further agree that CWSI may share your personal data with its group companies for marketing purposes.

Acknowledgement and Execution by Client 客戶確認及簽署

- 吾等確認中達證券投資有限公司(下稱“中達證券”)已按吾等選擇的語言(英文或中文)提供了客戶協議書及電子交易服務條款(如適用)及風險披露聲明之副本。
- 吾等謹此聲明在本開戶表格所提供之資料全部為真實、完整及正確，除非中達證券接到更改有關本開戶表格內容之書面通知，否則中達證券有權完全依賴此等資料及聲明作一切用途。中達證券或其代理獲授權可隨時就核對本開戶表格資料事宜，與任何人包括吾等之銀行、經紀或任何信用機構進行諮詢。
- 吾等現申請開立吾等在本開戶表格頁首選擇之帳戶及服務類別。吾等確認已閱讀並明白附上之中達證券有限公司客戶協議書(該協議書)的所有有關條款並且接受及同意受可不時被修改的該協議書之條款所約束，吾等在此以書面通知、及確認並授權中達證券行使其在該協議書內的全部常設授權。
- 吾等向閣下申請開立證券買賣帳戶並同意遵守香港交易所及其他監管機構不時修訂以監管於香港交易所或其他交易所進行證券買賣之條例及規則。
- 吾等進一步確認中達證券已經邀請吾等閱讀風險披露聲明及電子交易服務條款(如適用)、提出問題及徵求獨立的意見(如吾等有此意願)。
- 吾等已仔細閱讀、完全理解並同意接受及遵守客戶協議書內之個人資料收集聲明。
- 吾等欲使用互聯網證券交易服務，吾等已經閱讀並明白在中達證券投資有限公司標準章則中，所載之互聯網交易協議的條款，並接受這些條款的約束。(如適用)
- 假如我們[中達證券投資有限公司]向閣下招攬銷售或建議任何金融產品，該金融產品必須是我們經考慮閣下的財政狀況、投資經驗及投資目標後而認為合理地適合閣下的。本協議的其他條文或任何其他我們可能要求閣下簽署的文件及我們可能要求閣下作出的聲明概不會減損本條款的效力。

1. We, the undersigned client(s) hereby confirm that We have been provided the Client Agreement ("the Agreement") of CENTRAL WEALTH SECURITIES INVESTMENT LIMITED ("CWSI") and the terms of Electronic Trading Service (if applicable) and the Risk Disclosure Statement in a language of our choice (receipt of a copy whereof is hereby acknowledged by us).

2. We, the undersigned client(s) hereby confirm and represent that the information on this Account Opening Form is true, complete and correct. CWSI is entitled to rely fully on such information and representations for all purposes, unless CWSI receives notice in writing of any change. CWSI or any of its agents is hereby authorized at any time to contact anyone, including our banks or any credit agency, for the purpose of verifying the information provided on this Account Opening Form.

3. We, the undersigned client(s) hereby apply to open the types of account(s) and service(s) which We choose on the front page of this Account Opening

Form and confirm that We have read and understand the relevant provisions of the attached Client Agreement and accept and agree to be bound by the Agreement as the same may be amended from time to time, and We hereby give you notice in writing that we confirm and authorize CWSI to exercise all the powers of the Standing Authorities under the Client Agreement.

4. We request you to open a Securities Trading Account (“the Account”) and agree to abide by the rules and regulations of The Stock Exchange of Hong Kong Limited (“SEHK”) or any other regulatory body(ies) as amended from time to time governing the purchase and sale of securities quoted on the SEHK or any other stock exchanges.

5. We, the undersigned client(s) further acknowledge and confirm that We have been invited by CWSI to read the Risk Disclosure Statement and the terms of Electronic Trading Service (if applicable), ask questions and take independent advice, if We wish.

6. We, the undersigned client(s) have carefully read, fully understood and agreed to accept and be bound by the Personal Information Collection Statement of the Agreement.

7. We want to use the internet Securities Trading Service. We have read and understood the provisions of the Internet Trading Agreement as set out in the Standard Terms and Conditions of CENTRAL WEALTH SECURITIES INVESTMENT LIMITED and We accept to be bound by the same. (if applicable)

8. If we [CENTRAL WEALTH SECURITIES INVESTMENT LIMITED] solicit the sale of or recommend any financial product to you (the client), the financial product must be reasonably suitable for you having regard to your financial situation, investment experience and investment objectives. No other provision of this agreement or any other document we may ask you to sign and no statement we may ask you to make derogates from this clause.

--

Authorized Signature(s) with company chop

公司印章及授權簽名

Date 日期: _____

Name of Authorized signatory(ies):

被授權簽署人姓名:

Position:

職位:

Signature of Witness:

見證人簽署:

Name of Witness:

見證人姓名:

Declaration by Licensed Staff 持牌職員聲明 :

本人，以持牌人士身份，確認本人已按照上述客戶所選擇的語言提供風險披露聲明之副本及邀請客戶閱讀該風險披露聲明、提出問題及徵求獨立意見(如客戶有此意願)。I, a registered person, declare that I have provided the above client with a copy of the Risk Disclosure Statement in a language of the Client's choice and invited the client to read the Risk Disclosure Statement, ask questions and take independent advice if the client so wishes.

Signature of Licensed Person:

持牌人士簽署:

CE No.:

中央編號:

Name of Licensed Person:

持牌人士姓名:

Date:

日期:

注意 Notes:

如此開戶文件不是在中達證券投資有限公司持牌的職員或經紀前開立，客戶必須遵從以下其中一個程序要求:

If this document is not executed by the Client in front the licensed Staff or Account Executive of Central Wealth Securities Investment Ltd, Client should comply with either one of the following procedure:

a) 客戶必須交給中達證券投資有限公司由客戶在香港的持牌銀行開立的帳戶所簽發的個人支票，支票上要有客戶的身份證明文件上所顯示的姓名以及簽名必須與此開戶表格上的客戶簽名相符，抬頭人為“中達證券投資有限公司”而支票數額不少於港幣 10,000 元。待支票兌現以及所有相關文件驗證後，此帳戶才可使用。

Client should send Central Wealth Securities Investment Ltd a personal cheque bearing his/ her name shown in his/her identity document and drawn on his/ her account with a licensed bank in Hong Kong with his/ her same signature(s) as shown on this Form in favor of “Central Wealth Securities Investment Limited” for not less than HK\$10,000. This account will be activated after the cheque is cleared and all related documents are verified.

b) 此開戶表格及相關身份證明文件的見證，必須由其他持牌人士、中達證券投資有限公司的聯繫人士、太平紳士、專業人士如銀行分行經理、執業會計師、律師或公證人加以驗證。

The signing of this form and sighting of related identity documents should be certificated by other licensed person, an affiliated of Central Wealth Securities Investment Ltd, a Justice of Peace (JP) or a professional person such as a branch manager of a bank, certified public accountant, lawyer or notary public.

公司專用 For Official Use Only

核對資料 Checklist:

- 1) 客戶的公司註冊證書的核證副本(或商業登記書或其它顯示妥當註冊的任何證據)、組織章程大綱及章程細則(或其他憲章文件)。
Certified True copy of the Certificate of Incorporation (or Business Registration Certificate or other evidence of due incorporation), Memorandum and Articles of Association (or other constitutional documents) of the Client.
- 2) 客戶過去兩年的經審計帳目的核證副本及不超過本開戶表日期前兩個月的資產負債表或其他中達不時同意的財務資料。
Certified True copy of audited accounts of the Client of the last two years and a balance sheet at a date not more than two months before the date of this form, or such other financial information as Central Wealth Securities Investment Limited may from time to time agree.
- 3) 客戶有關開戶及運作此公司帳戶的董事局決議的核證副本。
Certified True copy of the board resolution of directors with respect to opening and operating the account.
- 4) 所有獲授權代理人、董事及本帳戶的最終權益擁有人的香港身份證或護照副本。
Copies of the Hong Kong ID Card(s) or Passport(s) of all Authorized Person(s), Director(s) and beneficial owner(s).
- 5) 客戶的董事名冊核證副本。
Certified True copy of the Register of Directors of the Client.
- 6) 客戶的股東名冊核證副本。
Certified True copy of the Register of Members of the Client.
- 7) 授權人表格。(如需要)
Authorized Person Form.
- 8) HKMA, SFC Licensing & AML checking

Checked By: 查核:

職員姓名 Name of the Staff:

簽署 Signature:

帳戶介紹人:

Account introduced by:

經紀姓名及編號:

Name and Code of AE:

資料輸入:

Inputted by :

職員姓名 Name of the Staff:

簽署 Signature:

日期 Date:

帳戶批核:

Approved by:

職員姓名 Name of the Staff:

簽署 Signature:

日期 Date:

客戶佣金:

Client Commission rate:

交易限額/信貸限額:

Trading Limit / Credit Limit:

其他資料(例如:已獲得銀行及信貸參考):

Other information (e.g. bank and credit reference obtained):

Corporate Resolution of Client

RESOLUTION OF THE BOARD OF DIRECTORS OF _____ (the "Company") duly and effectively passed in accordance with the laws of the Company's place of incorporation and the Company's constitution on _____ (Date)

RESOLVED THAT:

1. the Company does open and maintain the (*Cash / Margin) account with Central Wealth Securities Investment Limited ("CWSI") for dealing in securities, the Terms of Conditions of Client Agreement and Client information Statement which have been produced by CWSI to the Company are hereby approved;
2. Authorized to sign the Client Information Statement, Client Agreement and any agreement relating to the opening and maintaining the account with CWSI for trading in securities for and on behalf of the Company;
3. Authorized to give dealing instructions on behalf of Company to trade as aforementioned in accordance with the Client Agreement, the company will notify any change from time to time;
4. Authorized to give settlement instructions on behalf of Company as aforementioned in accordance with the Client Agreement.

Director of Meeting

Name:

*Delete as appropriate

Chairman of Meeting

Name:

董事局決議案

_____ (公司名稱) ("公司") 於 _____ (日期) 召開董事局會議，期間具備會議所需的合法人數，並且正式通過以下決議案：

- 一. 決議通過以公司的名義，在中達證券投資有限公司("中達證券")開立一個(*現金 / 保證金)證券買賣戶口，並按照中達證券的客戶協議書及開戶表格(統稱"開戶協議")內之條文所約束及運作。
- 二. 決議通過現時在本會議出示及填妥的開戶協議及授權公司任何董事代表公司簽署該開戶協議(並在有需要時加蓋公司的印章)。
- 三. 決議通過開戶協議所詳述之"獲授權人士"獲公司授權運作公司的證券買賣戶口，公司並需將不時有關的更改通知中達證券。
- 四. 決議通過開戶協議所詳述之"獲授權人士"獲公司授權給與交收指示。 下述簽署人茲證明上述各項乃董事局會議記錄中摘錄之正式決議案。

董 事

姓名:

* 刪去不適用者

主 席

姓名:



**Assessment of Client Institution's Anti-Money Laundering
and Counter-Terrorist Financing Controls**

GENERAL INFORMATION		
Full Name of Institution	:	
Address of Institution	:	
Business Activities	:	
Telephone Number	:	
Website Address	:	
Name of Regulator(s)	:	

QUESTIONS		YES	NO
<i>Policies and Procedures</i>			
1.	Does your institution have a written policy to combat money laundering and terrorist financing?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does your anti-money laundering and counter-terrorist financing policy include:	<input type="checkbox"/>	<input type="checkbox"/>
(a)	Customer identification requirements and customer due diligence at the inception of relationship?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Enhanced due diligence requirements for high risk customers (e.g. politically exposed persons)?	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Periodic anti-money laundering and counter-terrorist financing training programs to your staff?	<input type="checkbox"/>	<input type="checkbox"/>
(d)	Suspicious activity monitoring and reporting?	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Sanctions monitoring?	<input type="checkbox"/>	<input type="checkbox"/>
(f)	Record keeping?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is your anti-money laundering policies applicable to your foreign branches and majority owned subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Customer Due Diligence</i>			
4.	Does your institution apply enhanced due diligence procedure based on various risk factors?	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS		YES	NO
5.	Does your institution conduct business with shell banks and maintain anonymous accounts?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does your institution scan customers against a list of sanctioned individuals, entities or locations and terrorist names?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does your institution have identification and verification of identity of each beneficial owner, including ownership and control structure of the customer, when applicable?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Suspicious Activity Monitoring and Reporting</i>			
8.	Does your institution have a monitoring program for suspicious or unusual activity?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does your institution file reports of suspicious activity with a local Financial Intelligence Unit or other regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
<i>AML Training</i>			
10.	Does your institution provide AML training to relevant employees in identifying and reporting unusual and suspicious activities?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your institution retain records of its training sessions including attendance records and relevant training materials used?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does your institution communicate new AML related laws and changes to existing AML related policies or practices to relevant employees?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Senior Management Oversight</i>			
13.	Does your institution have an internal audit function or independent third party that assess the implementation of anti-money laundering and counter-terrorist financing policies on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Please provide the name, title and email address of the designated compliance officer who is responsible for the anti-money laundering and customer due diligence compliance. Name: Title: Email:		

QUESTIONS	YES	NO	
<i>Regulatory/Law Enforcement Investigations</i>			
15.	<p>Has your institution, its employees, senior management, members of Board of Directors or main shareholders, been subject in the last three years to:</p> <p>(i) Any AML, CTF and sanctions/fraud/corruption related investigations by Regulators or Law Enforcement;</p> <p>(ii) Civil or criminal penalties stemming from deficiencies in your AML, CTF or sanctions Program.</p> <p>If your answer is "Yes", please describe the scope of the investigation and summary of the deficiencies.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Others</i>			
16.	Does your institution comply with FATF Recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
17.	<p>(For funds, investment manager, fund custodian or institution that operates omnibus accounts) Will customer due diligence be conducted on your underlying customers? If your answer is "Yes", please name the institution that is responsible for conducting customer due diligence, its capacity and answer Question 14 as well:</p> <p>Name of Institution:</p> <p>Capacity:</p>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<p>Is the institution you named in Question 17 above</p> <p>(i) incorporated or established in a country that adopts FATF Recommendation?</p> <p>(ii) has measures in place to ensure compliance with FATF Recommendations?</p> <p>(iii) supervised for compliance with FATF Recommendations?</p>	<input type="checkbox"/>	<input type="checkbox"/>

The undersigned based on his/her best knowledge and belief, certifies that the above questions were answered considering the existing internal controls of the subject institution, and further presents an accurate representation of the existing state of the institution's anti-money laundering and counter-terrorist financing internal controls and financial service activities.

COMPLETED BY

SIGNATURE : _____
NAME : _____
TITLE : _____
EMAIL ADDRESS : _____
DATE : _____



香港金鐘夏愨道16號遠東金融中心18樓1801-1802室
Room 1801-1802, 18/F, Far East Financial Centre,
16 Harcourt Road, Admiralty, Hong Kong.

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Entity Tax Residency Self-Certification Form

實體稅務居民自我證明表格

Important Notes 重要提示

- This is a self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.**
這是由帳戶持有人向申報金融 / 財務機構提供的自我證明表格，以作自動交換財務帳戶資料用途。申報金融 / 財務機構可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。
- An account holder should report all changes in its tax residency status to the reporting financial institution.**
如帳戶持有人的稅務居民身分有所改變，應盡快將所有變更通知申報金融 / 財務機構。
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (*) are required to be reported by the reporting financial institution to the Inland Revenue Department.**
除不適用或特別註明外，必須填寫這份表格所有部分。如這份表格上的空位不夠應用，可另紙填寫。在欄 / 部標有星號 (*) 的項目為申報金融 / 財務機構須向稅務局申報的資料。

Part 1: Identification of Entity Account Holder 第 1部：實體帳戶持有人的身分識辨資料

(For multiple account holders, complete a separate form for each entity account holder.

對於聯名帳戶或多人聯名帳戶，每名實體帳戶持有人須分別填寫一份表格。)

*Legal Name of Entity or Branch 實體或分支機構的法定名稱	
Jurisdiction of Incorporation or Organization 實體成立為法團或設立所在的稅務管轄區	
Certificate of Incorporation or Business Registration Number 公司註冊或商業登記號碼	
*Current Business Address 現時營業地址	* (e.g. Suite, Floor, Building, Street, District, City, Province, State, Country, Post Code/ ZIP Code 例如：室、樓層、大廈、街道、地區、城市、省、州、國家、郵政編碼 / 郵遞區號碼)
Mailing Address (Complete if different to the above current business address) 通訊地址 如通訊地址與上述現時營業不同，填寫此欄	(e.g. Suite, Floor, Building, Street, District, City, Province, State, Country, Post Code/ ZIP Code 例如：室、樓層、大廈、街道、地區、城市、省、州、國家、郵政編碼 / 郵遞區號碼)

Part 2: Entity Type

第 2 部：實體類別

Tick one of the appropriate boxes and provide the relevant information.

在其中一個適當的方格內加上“√” 剔號，並提供有關資料。

<p>Financial Institution 金融／財務機構 (選擇此項，無須填寫第3部) (Do not complete part 3 if the entity type is financial Institution)</p>	<p><input type="checkbox"/> Custodial Institution, Depository Institution or Specified Insurance Company 託管機構、存款機構或指明保險公司</p> <p><input type="checkbox"/> Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity's assets) and located in a non-participating jurisdiction 投資實體，但不包括由另一金融／財務機構管理（例如：擁有酌情權管理投資實體的資產）並位於非參與稅務管轄區的投資實體</p>
<p>Active NFE 主動非財務實體 (選擇此項，無須填寫第3部) (Do not complete part 3 if the entity type is active NFE)</p>	<p><input type="checkbox"/> NFE the stock of which is regularly traded on _____, which is an established securities market 該非財務實體的股票經常在 _____ (一個具規模證券市場) 進行買賣</p> <p><input type="checkbox"/> Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market 的有關連實體，該有關連實體的股票經常在 _____ (一個具規模證券市場) 進行買賣</p> <p><input type="checkbox"/> NFE is a governmental entity, an international organisation (for example the United Nations or North Atlantic Treaty Organisation ("NATO")), a central bank, or an entity wholly owned by one or more of the foregoing entities 政府實體、國際組織（例如聯合國或北大西洋公約組織（「NATO」））、中央銀行或由前述的實體全權擁有的其他實體</p> <p><input type="checkbox"/> Active NFE other than the above (for example a start-up NFE or a non-profit NFE) (Please specify _____) 除上述以外的主動非財務實體（例如新成立的非財務實體或非牟利的非財務實體） (請說明 _____)</p>
<p>Passive NFE 被動非財務實體 (選擇此項，請填寫第3部) (Complete part 3 if the entity type is passive NFE)</p>	<p><input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction 位於非參與稅務管轄區並由另一金融／財務機構管理的投資實體</p> <p><input type="checkbox"/> NFE that is not an active NFE 不屬主動非財務實體的非財務實體</p>

Part 3: Controlling Persons (Complete this part if the entity account holder is a passive NFE)

第 3 部：控權人 (如實體帳戶持有人是被動非財務實體，填寫此部)

Indicate the name of all controlling person(s) of the account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official. Complete Controlling Person Tax Residency Self-Certification Form for each controlling person.

就帳戶持有人，填寫所有控權人的姓名在列表內。就法人實體，如行使控制權的並非自然人，控權人會是該法人實體的高級管理人員。每名控權人須分別填寫一份控權人稅務居民自我證明表格。

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

Part 4 第 4 部：

*Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")

* 居留司法管轄區及稅務編號或具有等同功能的識辨編號（以下簡稱「稅務編號」）

Complete the following table indicating 提供以下資料，請列明：

- (a) each jurisdiction of residence (including Hong Kong) where the account holder is a **resident for tax purposes**; and
帳戶持有人的**居留司法管轄區**，亦即帳戶持有人的稅務管轄區（香港包括在內）；及
- (b) the account holder's TIN for each jurisdiction indicated. 該居留司法管轄區發給帳戶持有人的稅務編號。

Indicate **all** (not restricted to five) jurisdictions of residence.

列出所有（不限於 5 個）居留司法管轄區。

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Business Registration Number.

如帳戶持有人是香港稅務居民，稅務編號是其香港商業登記號碼。

If the account holder is not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which its place of effective management is situated.

如果帳戶持有人並非任何稅務管轄區的稅務居民（例如：它是財政透明實體），填寫實際管理機構所在的稅務管轄區。

If a TIN is unavailable, provide the appropriate reason A, B or C 如沒有提供稅務編號，必須填寫合適的理由：

Reason A - The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

理由 A - 帳戶持有人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason B - The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.

理由 B - 帳戶持有人不能取得稅務編號。如選取這一理由，解釋帳戶持有人不能取得稅務編號的原因。

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

理由 C - 帳戶持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要帳戶持有人披露稅務編號。

Jurisdiction of Residence 居留司法管轄區	TIN 稅務編號	#Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號， 填寫理由 A、B 或 C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B 如選取理由 B，解釋帳戶持有人不能取得稅務編號的原因
(1)			
(2)			
(3)			
(4)			
(5)			

Part 5: Declarations and Signature 第 5 部：聲明及簽署

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by Central Wealth Securities Investment Limited ("CWSI") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by Central Wealth Securities Investment Limited ("CWSI") to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

本人知悉及同意，中達證券投資有限公司「中達證券」可根據《稅務條例》(第 112 章) 有關交換財務帳戶資料的法律條文，(a) 收集本表格所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局。

I certify that I am authorised to sign for the account holder of all the account(s) currently held with Central Wealth Securities Investment Limited ("CWSI") by the account holder identified in Part 1 of this form. 本人證明，就有關本表格第 1 部所指的實體帳戶持有人現於「中達證券」持有的所有帳戶，本人獲帳戶持有人授權代其簽署。

I undertake to advise Central Wealth Securities Investment Limited ("CWSI") of any change in circumstances which affects the tax residency status of the account holder identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Central Wealth Securities Investment Limited ("CWSI") with a suitably updated self-certification form within 30 days of such change in circumstances. 本人承諾，如情況有所改變，以致影響本表格第 1 部所述的實體的稅務居民身分，或引致本表格所載的資料不正確，本人會通知「中達證券」，並會在情況發生改變後 30 日內，向「中達證券」提交一份已適當更新的自我證明表格。

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

Signature 簽署: X	Note: Indicate the capacity in which you are signing the form e.g. director or officer of a company, partner of a partnership, trustee of a trust, Authorised Officer, etc. (說明您簽署這份表格的身分。例如：公司的董事或高級人員、合夥的合夥人，信託的受託人或獲授權人員等。) Capacity/ Relationship 身分/ 關係: _____
Name 姓名: _____	

WARNING: It is a serious offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a selfcertification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

警告：根據《稅務條例》第 80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級（即\$10,000）罰款。



中達證券投資有限公司

CENTRAL WEALTH SECURITIES INVESTMENT LIMITED

香港金鐘夏愨道16號遠東金融中心18樓1801-1802室
Room 1801-1802, 18/F, Far East Financial Centre,
16 Harcourt Road, Admiralty, Hong Kong.

香港聯合交易所參與者 (CE NO. AVE583)
Exchange Participant of The Stock Exchange of Hong Kong Limited

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Controlling Person Tax Residency Self-Certification Form

控權人稅務居民自我證明表格

Important Notes 重要提示

- This is a self-certification form provided by a controlling person to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.**

這是由控權人向申報金融 / 財務機構提供的自我證明表格，以作自動交換財務帳戶資料用途。申報金融 / 財務機構可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。

- A controlling person should report all changes in his/her tax residency status to the reporting financial institution.**

如控權人的稅務居民身分有所改變，應盡快將所有變更通知申報金融 / 財務機構。

- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (*) are required to be reported by the reporting financial institution to the Inland Revenue Department.**

除不適用或特別註明外，必須填寫這份表格所有部分。如這份表格上的空位不夠應用，可另紙填寫。在欄 / 部標有星號 (*) 的項目為申報金融 / 財務機構須向稅務局申報的資料。

Part 1: Identification of Controlling Person 第 1 部：控權人的身分識辨資料

Note 注意: Please tick where applicable. 請在適當的地方加上“√”別號。

<p>* Name of Controlling Person 控權人的姓名</p>	<p>Title 稱謂: <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Other 其他 _____</p> <p>*Name of Controlling Person 姓名</p>
<p>HK / China Identity Card / Passport Number 香港 / 中國身份證 / 護照號碼</p> <p>*Current Residence Address 現時住址</p>	<p>* (e.g. Suite, Floor, Building, Street, District, City, Province, State, Country, Post Code/ZIP Code) (例如: 室、樓層、大廈、街道、地區、城市、省、州、國家、郵政編碼 / 郵遞區號碼)</p>
<p>Mailing Address 通訊地址 (Complete if different to the above current residence address 如通訊地址與上述現 時住址不同, 填寫此欄)</p>	<p>(e.g. Suite, Floor, Building, Street, District, City, Province, State, Country, Post Code/ZIP Code) (例如: 室、樓層、大廈、街道、地區、城市、省、州、國家、郵政編碼 / 郵遞區號碼)</p>
<p>*Date of Birth 出生日期</p>	<p>(dd/mm/yyyy 日 / 月 / 年)</p>

Part 2: The Entity Account Holder(s) of which you are a controlling person

第 2 部： 您作為控權人的實體帳戶持有人

Enter the name of the entity account holder of which you are a controlling person 填寫您作為控權人的實體帳戶持有人的名稱：

Entity 實體	Name of the Entity Account Holder 實體帳戶持有人的名稱
(1)	
(2)	
(3)	

Part 3 第 3 部：

***Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")**

* 居留司法管轄區及稅務編號或具有等同功能的識別編號（以下簡稱「稅務編號」）

Please complete the following table indicating 提供以下資料，列明：

- (a) each jurisdiction of residence (including Hong Kong) where the controlling person is a **resident for tax purposes**; and 控權人的居留司法管轄區，亦即控權人的稅務管轄區（香港包括在內）；及
- (b) the controlling person's TIN for each jurisdiction indicated. 該居留司法管轄區發給控權人的稅務編號。

Indicate **all** (not restricted to five) jurisdictions of residence.

列出所有（不限於 5 個）居留司法管轄區。

If the controlling person is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (HKID).

如控權人是香港稅務居民，稅務編號是帳戶持有人的香港身份證號碼。

If a TIN is unavailable, provide the appropriate reason A, B or C 如沒有提供稅務編號，必須填寫合適的理由：

Reason A - The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.

理由 A - 控權人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason B - The controlling person is unable to obtain a TIN. Explain why the controlling person is unable to obtain a TIN if you have selected this reason.

理由 B - 控權人不能取得稅務編號。如選取這一理由，解釋控權人不能取得稅務編號的原因。

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

理由 C - 控權人毋須提供稅務編號。居留司法管轄區的主管機關不需要控權人披露稅務編號。

Jurisdiction of Residence 居留司法管轄區	TIN 稅務編號	#Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號，填寫理由 A、B 或 C	Explain why the controlling person is unable to obtain a TIN if you have selected Reason B 如選取理由 B，解釋控權人不能取得稅務編號的原因
(1)			
(2)			
(3)			
(4)			
(5)			

Part 4: Type of Controlling Person 第 4部： 控權人類別

Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2:

就第 2 部所載的每個實體，在適當方格內加上“√” 剔號， 指出控權人就每個實體所屬的類別：

Type of Entity 實體類別	Type of Controlling Person 控權人類別	Entity (1) 實體 (1)	Entity (2) 實體 (2)	Entity (3) 實體 (3)
Legal Person 法人	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital) 擁有控制股權的個人（即擁有不少於百分之二十五的已發行股本）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights) 以其他途徑行使控制權或有權行使控制權的個人（即擁有不少於百分之二十五的表決權）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity 擔任該實體的高級管理人員／對該實體的管理行使最終控制權的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust 信託	Settlor 財產授予人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee 受託人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector 保護人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Beneficiary or member of the class of beneficiaries 受益人或某類別受益人的成員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary) 其他(例如:如財產授予人/受託人/保護人/受益人為另一實體,對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust 除信託以外的法律安排	Individual in a position equivalent/similar to settlor 處於相等/相類於財產授予人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee 處於相等/相類於受託人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector 處於相等/相類於保護人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries 處於相等/相類於受益人或某類別受益人的成員位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary) 其他(例如:如處於相等/相類於財產授予人/受託人/保護人/受益人位置的人為另一實體,對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5: Declarations and Signature 第 5 部: 聲明及簽署

<p>I acknowledge and agree that (a) the information contained in this form is collected and may be kept by Central Wealth Securities Investment Limited ("CWSIL") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the controlling person and any reportable account(s) may be reported by Central Wealth Securities Investment Limited ("CWSIL") to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the controlling person may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).</p> <p>本人知悉及同意,中達證券投資有限公司「中達證券」可根據《稅務條例》(第 112 章)有關交換財務帳戶資料的法律條文,(a)收集本表格所載資料並可備存作自動交換財務帳戶資料用途及(b)把該等資料和關於控權人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報,從而把資料轉交到控權人的居留司法管轄區的稅務當局。</p> <p>I certify that I am the controlling person (or I am authorised to sign for the controlling person) of all the account(s) currently held Central Wealth Securities Investment Limited by the entity account holder(s).</p> <p>本人證明,就實體帳戶持有人現於「中達證券」持有的所有帳戶,本人是控權人(或本人獲控權人授權代其簽署)。</p> <p>I undertake to advise Central Wealth Securities Investment Limited ("CWSIL") of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Central Wealth Securities Investment Limited ("CWSIL") with a suitably updated self-certification form within 30 days of such change in circumstances. 本人承諾,如情況有所改變,以致影響本表格第 1 部所述的個人的稅務居民身分,或引致本表格所載的資料不正確,本人會通知「中達證券」,並會在情況發生改變後 30 日內,向「中達證券」提交一份已適當更新的自我證明表格。</p> <p>I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.</p> <p>本人聲明就本人所知所信,本表格內所填報的所有資料和聲明均屬真實、正確和完備。</p>	
<p>Signature 簽署:</p> <p>X</p>	<p>Note: Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney. (如您不是第 1 部所述的個人,說明您的身分。如果您是以受權人身分簽署這份表格,須夾附該+授權書的核證副本。)</p> <p>Capacity/ Relationship 身分/關係:</p> <p>_____</p>
<p>Name 姓名: _____</p>	

WARNING: It is a serious offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

警告: 根據《稅務條例》第 80(2E)條,如任何人在作出自我證明時,在明知一項陳述在要項上屬具誤導性、虛假或不正確,或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下,作出該項陳述,即屬犯罪。一經定罪,可處第 3 級(即\$10,000)罰款。

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form for:

Instead use Form:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization
--	---

3 Name of disregarded entity receiving the payment (if applicable, see instructions)

4 Chapter 3 Status (entity type) (Must check one box only):

<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Foreign Government - Controlled Entity
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign Government - Integral Part
		<input type="checkbox"/> International organization	

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. Yes No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)

<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account.
---	---

6 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.	Country
---	---------

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.	Country
---	---------

Part I Identification of Beneficial Owner (continued)

8 U.S. taxpayer identification number (TIN), if required _____

9a GIIN _____	b Foreign TIN _____	c Check if FTIN not legally required. <input type="checkbox"/>
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10 Reference number(s) (see instructions) _____

Note: Please complete remainder of the form including signing the form in Part XXX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment

Branch treated as nonparticipating FFI. Reporting Model 1 FFI. U.S. Branch.

Participating FFI. Reporting Model 2 FFI.

12 Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address). _____

City or town, state or province. Include postal code where appropriate. _____

Country _____

13 GIIN (if any) _____

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

<input type="checkbox"/> Government	<input type="checkbox"/> Company that meets the ownership and base erosion test
<input type="checkbox"/> Tax-exempt pension trust or pension fund	<input type="checkbox"/> Company that meets the derivative benefits test
<input type="checkbox"/> Other tax-exempt organization	<input type="checkbox"/> Company with an item of income that meets active trade or business test
<input type="checkbox"/> Publicly traded corporation	<input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received
<input type="checkbox"/> Subsidiary of a publicly traded corporation	<input type="checkbox"/> No LOB article in treaty
	<input type="checkbox"/> Other (specify Article and paragraph): _____

c The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 **Special rates and conditions** (if applicable—see instructions):
 The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____
 Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

16 Name of sponsoring entity: _____

17 **Check whichever box applies.**

I certify that the entity identified in Part I:

- Is an investment entity;
- Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
- Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

I certify that the entity identified in Part I:

- Is a controlled foreign corporation as defined in section 957(a);
- Is not a QI, WP, or WT;
- Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
- Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank18 I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts19 I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: _____

21 I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity22 I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts23 I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b** I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d** I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI

- 26** I certify that the entity identified in Part I:
- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a Model 1 IGA or a Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
 - If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ .
The trustee is: U.S. Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue

- 27** I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XIV International Organization

Check box 28a or 28b, whichever applies.

- 28a** I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).
- b** I certify that the entity identified in Part I:
- Is comprised primarily of foreign governments;
 - Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
 - The benefit of the entity's income does not inure to any private person; **and**
 - Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

- 29a** I certify that the entity identified in Part I:
- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
 - Is operated principally to administer or provide pension or retirement benefits; **and**
 - Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.
- b** I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - No single beneficiary has a right to more than 5% of the FFI's assets;
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.
- c** I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - Has fewer than 50 participants;
 - Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
 - Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
 - Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans (continued)

- d I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30 I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31 I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32 I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33 I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34 I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

38 I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

39 I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVII Excepted Inter-Affiliate FFI

- 41 I certify that the entity identified in Part I:
- Is a member of an expanded affiliated group;
 - Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
 - Does not make withholdable payments to any person other than to members of its expanded affiliated group;
 - Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
 - Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

- 42 Name of sponsoring entity: _____
- 43 I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here ▶

Signature of individual authorized to sign for beneficial owner	Print Name	Date (MM-DD-YYYY)
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中達證券投資有限公司

CENTRAL WEALTH SECURITIES INVESTMENT LIMITED

香港聯合交易所參與者 (CE NO. AVE583)
Exchange Participant of The Stock Exchange of Hong Kong Limited

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New Account Opening Checklist

Account Name: _____ Account No.: _____

Performed by Frontline Staff (e.g. Account Executive, Dealing Officer, Customer Service Officer)		
A. Basic Information		Must Tick
1. General	(a) Explain the operation and characteristics of the Account and investment product(s) (b) Perform Know-Your-Client and collect relevant documents (also verified true copy) (c) Give Client Agreement and explain Risk Disclosure to client (d) Remind client that 3rd party deposit / withdrawal of money and / or stock is not allowed (e) Inform client the fees and charges (f) Explain credit / margin limit, interest rate, margin call and force liquidation policy (If applicable)	<input type="checkbox"/> Yes
2. Derivatives Knowledge	(g) Ensure client suitable for derivative products and understand its risks before giving recommendation	<input type="checkbox"/> Yes
B. AML Related		
1. Politically Exposed Person ("PEP") / PEP-related	(a) Inquire if the client is / has been entrusted with prominent public functions inside and outside PRC, e.g. Head of State / government, senior politician / government official, senior executive, or a family member or close associate of such parties. If "Yes", please state: Position: _____ Authority: _____ Name of PEP: _____ Relationship with client: _____ (b) Obtain client's proof on source of funds (e.g. bank / income statement, tax receipt)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
2. Account Risk Category	(c) Classify the Risk Category: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High (Please refer to: Client Risk Category and Customer Due Diligence Checklist)	
3. ONLY FOR Medium / High Risk category	(d) Enquire client on source of funds: <input type="checkbox"/> Saving: previous salary / business / family / others: _____ <input type="checkbox"/> Rental: property / others: _____ <input type="checkbox"/> Investment: bank deposit / investment trading / others: _____ <input type="checkbox"/> Loan: financial institution / relatives / others: _____ <input type="checkbox"/> Others: _____ (e) Enquire / Expect client on expected investment size: <input type="checkbox"/> <HKD100,000 <input type="checkbox"/> HKD100,001-500,000 <input type="checkbox"/> HKD500,001-1,000,000 <input type="checkbox"/> HKD1,000,001-5,000,000 <input type="checkbox"/> HKD5,000,001-10,000,000 <input type="checkbox"/> >HKD10,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
AE/ Dealing Officer Signature: _____ AE/ Dealing Officer Code: _____		
AE / Dealing Officer Name: _____ Date: _____		
Approved (Account Opening) by Designated Officer (e.g. Responsible Officer)		
Date: Name: (Full name) Signature:	1. Check if the classification of the account risk category is appropriate 2. Check if proper Customer Due Diligence is carried out	<input type="checkbox"/> Yes

Note: This Checklist is required only when a new Client Account Open Form is completed. For client who opens both stock and futures accounts at the same time, this original shall be kept with stock account while a copy shall be kept with futures account.



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Client Identification Data Update 客戶識別信息更新

Account No 帳戶號碼: _____

Account Name 客戶名稱: _____

In order to comply with the HKIDR, below is the waterfall of the identity documents for corporate client or fund (order of priority), Please provide your identity document a per the order of priority as follows:

為遵守香港投資者識別碼制度的規定，以下是公司客戶或基金獲接納身份證明文件的排序表，請按照如下優先次序提交公司的身份證明文件：

- (1) LEI registration document 法律實體識別編碼登記文件
- (2) certificate of incorporation 公司註冊證明書
- (3) business registration certificate 商業登記證
- (4) other equivalent documents 其他同等文件，請註明 Please specify: _____

(Note: The above list is in order of priority. If (1) is not applicable, please provide (2). If (2) is not applicable, please provide (3), and so on.)

(註：上述列表是按優先次序排列。若(1)不適用，則提供(2)。若(2)不適用，則提供(3)，如此類推)

Declaration Information 申報資料:

1)	Relevant Regulated Intermediaries ("RRI"):	
	是否相關受規管中介人：	<input type="checkbox"/> Yes 是/ <input type="checkbox"/> No 否
2)	Client Type of HKIDR	
	香港投資識別碼客戶類別	<input type="checkbox"/> Fund 基金 <input type="checkbox"/> Legal Entity - Fund Manager 法律實體 - 基金經理 <input type="checkbox"/> Legal Entity - Others (including brokers) 法律實體 - 其他 (包括券商) <input type="checkbox"/> Proprietary Trading 自營業務

客戶簽署： _____ (請用存檔於本公司記錄之簽署式樣) 日期： _____

For Office Use Only	Submitted by: A.E. / C.S. Department	Input By: Settlement Department	Approved By: Compliance Department / R.O
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