



# 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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## Change / Close Account Particulars and Services Form

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

### Change of Account Information (Please specify whose information is subjected to changes for Joint Account) (Please complete this form legibly in BLOCK LETTERS)

In the case of a joint account, the change is:  The First Holder  The Second Holder;

With effective from \_\_\_\_\_ YYYY \_\_\_\_\_ MM \_\_\_\_\_ DD, please update my/our information as follow:

Add / Change Tel. No.: Home \_\_\_\_\_ Mobile/SMS \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_

Add / Change Correspondence Address : \*: \_\_\_\_\_

Add / Change Home Address\*:  As Above  As follow: \_\_\_\_\_

\* Please attach the address / correspondence address proof in the last three months, such as a copy of the bank statement or public institution's bill with the date and the applicant's name.

Add / Change Email Address and Email Statement Service: \_\_\_\_\_

Add / Change Bank Details: Bank Name (HKD): \_\_\_\_\_ A/C No: \_\_\_\_\_

Bank Name(RMB) : \_\_\_\_\_ A/C No: \_\_\_\_\_

Bank Name(USD) : \_\_\_\_\_ A/C No: \_\_\_\_\_

Change of the Signature Specimen (Must provide the ID, Signature Specimen Request Form, and must to witness with the licensed staff of CWSI)

Change of Commission and Minimum charge: \_\_\_\_\_  Credit Limit: \_\_\_\_\_

Exposure Limit: \_\_\_\_\_  Interest Rate : \_\_\_\_\_  Others: \_\_\_\_\_

### Apply / Change of Account Services

1.  Apply  Cancellation Internet Trading Function Service  Re-send Password

2. I wish to purchase the following derivative product(s) which is traded on an exchange:  Derivative warrants / Callable Bull Bear Contracts / Exchange Traded Funds(ETF)

My knowledge of derivative products are as followed:

I underwent training or attended course on derivative products that provide general knowledge of the nature and risks of derivatives

I have work experience related to derivative products trading

I have executed at least five transactions in derivative products within the past 3 years

I do not have any knowledge of derivative products\*

\*You are welcome to seek for explanation of derivative products knowledge and related risks by our staff if you wish to purchase derivative products which traded on an exchange.

### Closure of account (Must Submit Original Form)

With effective from \_\_\_\_\_ YYYY \_\_\_\_\_ MM \_\_\_\_\_ DD, please terminate my/our account(s)  Cash Account  Margin Account  Futures Account

Please deposit any cash balance (if any) in the account.:  A designated bank account recorded in CWSI / CWF or  The following bank account:

Name of Bank: \_\_\_\_\_ Account No.: \_\_\_\_\_ Reasons for Closing Account: \_\_\_\_\_

### Cancellation of Third Party Authorization (Must Submit Original Form)

With effective from \_\_\_\_\_ YYYY \_\_\_\_\_ MM \_\_\_\_\_ DD, please cancel my/our account(s)'s third party authorization  Cash Account  Margin Account

S.V.

Signed by Client: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For Office Use Only</b>	<b>Submitted by:</b> A.E. / C.S. Department	<b>Input By:</b> Settlement Department	<b>Approved By:</b> Compliance Department
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