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

香港九龍柯士甸道西1號環球貿易廣場67樓6708A室
Unit 6708A, 67/F, International Commerce Centre,
No.1 Austin Road West, Kowloon, Hong Kong.

電話 TEL (852) 3958 4600
傳真 FAX (852) 3958 4666
電郵 EMAIL cs@cwsi.com.hk
網址 WEB www.cwsi.com.hk

Change / Close Account Particulars and Services Form

☐Securities ☐Futures   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: ☐Tel. No.: Home_____ Mobile/SMS_____ Office_____ Fax_____

☐Correspondence Address：*:_____

☐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.

☐Email Address:_____ ☐Apply/Change Email Statement Service:_____

Daily Statements to: ☐ Email Address ☐ Correspondence Address   **Monthly Statement to**: ☐ Email Address ☐ Correspondence Address

☐ **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 : ☐ Securities ☐ Futures

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 (Optional) :_____

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 ☐ Futures Account

I/We do not accept the intended use of my/our personal data by Central Wealth Securities Investment Limited in direct marketing via the following channel(s):

☐ By Email   ☐ By Mobile Message   ☐ By Mail   ☐ By Phone Call

If you return this Form without ticking any of the above boxes, it means that you do not object any form of our company's direct marketing.

S.V.

Signed by Client：_____   Date：_____

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