



**國元國際**  
GUOYUAN INTERNATIONAL

國元期貨(香港)有限公司  
GUOYUAN FUTURES  
(HONG KONG) LIMITED

Account Number :

Guoyuan Futures (Hong Kong) Limited (hereafter "GYF")

A wholly owned subsidiary of Guoyuan International Holdings Limited  
(hereafter "GYIH")

17<sup>th</sup> Floor, Three Exchange Square  
8 Connaught Place, Central, Hong Kong  
Telephone: (852) 3769 6888  
Facsimile: (852) 3769 6999  
SFC Central Entity Number: APW833  
HKFE Exchange Participant Category:  
Futures Commission Merchant

## FUTURES ACCOUNT OPENING FORM – INDIVIDUAL/JOINT ACCOUNT

### 1. Account Type and Trading Services (Please tick "✓" appropriate box)

Client Type:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint
Apply for market access trading services:	<input type="checkbox"/> Hong Kong Market	<input type="checkbox"/> Global Market
Apply for futures online trading services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 2. Personal Information (Please tick "✓" appropriate box)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name:	First Name:	Chinese Name :
Date of Birth :	Place of Birth:	Nationality:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Type of ID :	ID Number:		
<input type="checkbox"/> ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Others: _____	Expiry Date:	Place of Issue:	
Residential Address:			
Correspondence Address (if different from the above) :			
Residential Status and Years of Residence:			
<input type="checkbox"/> Self-Owned _____ <input type="checkbox"/> Mortgage _____ <input type="checkbox"/> Rental _____ <input type="checkbox"/> Quarters _____ <input type="checkbox"/> Live with Family _____			
Mobile Phone No.:		Residential Tel. No. (Optional):	
Email Address:			
Preferred Method for Receiving Statements : (Please select either one)			
<input type="checkbox"/> By Email to My Email Address <input type="checkbox"/> By Post to My Correspondence Address			
Education :	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> College <input type="checkbox"/> Graduate or above
Employment Status:	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife <input type="checkbox"/> Student
Name of Employer:			
Position:		Years Employed:	

Nature of Business / Occupation:			
<input type="checkbox"/> Agriculture/ Animal Husbandry/ Forestry/ Fishery	<input type="checkbox"/> Used Automobile/ Machine Parts Dealer		
<input type="checkbox"/> Pawn	<input type="checkbox"/> Cash Intensive Business	<input type="checkbox"/> Gambling/Lottery	<input type="checkbox"/> Charities/ Welfare Institutions
<input type="checkbox"/> Entertainment (Night Club)	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Education Services	<input type="checkbox"/> Trust
<input type="checkbox"/> Finance	<input type="checkbox"/> Government Sector	<input type="checkbox"/> Hotels	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Insurance	<input type="checkbox"/> Legal	<input type="checkbox"/> Car/ Boat Dealership	<input type="checkbox"/> Logistics
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Mining	<input type="checkbox"/> Money Changer
<input type="checkbox"/> Precious Metal Dealer	<input type="checkbox"/> Wholesales	<input type="checkbox"/> Public Services	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Travel/ Tourism	<input type="checkbox"/> Transport	<input type="checkbox"/> Jewelry
<input type="checkbox"/> Self-directed Investor	<input type="checkbox"/> Armaments Business	<input type="checkbox"/> Beauty/ Healthcare Services	<input type="checkbox"/> Antique/ Art Dealer
<input type="checkbox"/> Import & Export Trades	<input type="checkbox"/> Others (please specify) : _____		
Office Address:		Office Tel. No. (optional):	
Annual Income:	<input type="checkbox"/> ≤\$250,000	<input type="checkbox"/> \$250,001 --- \$500,000	<input type="checkbox"/> \$500,001 --- \$1,000,000
(HKD)	<input type="checkbox"/> \$1,000,001 --- \$2,000,000	<input type="checkbox"/> \$2,000,001 --- \$5,000,000	<input type="checkbox"/> >\$5,000,000
Source of Fund:	<input type="checkbox"/> Salary/Business Income	<input type="checkbox"/> Retirement Funds	
	<input type="checkbox"/> Investment Returns	<input type="checkbox"/> Others: _____	
Net Worth (Note: Total Assets minus Total Liabilities): (HKD)	<input type="checkbox"/> ≤\$1,500,000	<input type="checkbox"/> \$1,500,001 --- \$3,000,000	<input type="checkbox"/> \$3,000,001 --- \$5,000,000
	<input type="checkbox"/> \$5,000,001 --- \$8,000,000	<input type="checkbox"/> \$8,000,001 --- \$20,000,000	<input type="checkbox"/> >\$20,000,000
Source of Wealth:	<input type="checkbox"/> Salary/Business Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Investment Returns
	<input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/> Sales Proceeds of Property/Assets	<input type="checkbox"/> Retirement Funds
	<input type="checkbox"/> Others: _____		
Investment Experience:	Stocks: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	Futures / Option: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	
	Bonds / Funds: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	FX / Gold: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	
	CBBC / Warrants: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	Structured Products: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	
Investment Objective:	<input type="checkbox"/> Capital Appreciation	<input type="checkbox"/> Generating Income	<input type="checkbox"/> Hedging
	<input type="checkbox"/> Speculation	<input type="checkbox"/> Others: _____	
Investment Goal:	Investment Plan: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	Risk Tolerance: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Anticipated Monthly Transaction Amounts: (HKD)	<input type="checkbox"/> ≤\$1,000,000	<input type="checkbox"/> \$1,000,001 --- \$3,000,000	<input type="checkbox"/> \$3,000,001 --- \$5,000,000
	<input type="checkbox"/> \$5,000,001 --- \$10,000,000	<input type="checkbox"/> >\$10,000,000	

<b>Personal Information of Joint Account Holder</b> <i>(Applicable to Joint Account Only)</i>			Relationship with Primary Account Holder: <input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Sons/Daughters <input type="checkbox"/> Others: _____	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name:	First Name:	Chinese Name :	
Date of Birth:	Place of Birth:	Nationality:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Type of ID: <input type="checkbox"/> ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Others: _____		ID Number:	Place of Issue:	
Expiry Date:				
Residential Address:				
Correspondence Address (If different from the above) :				
Residential Status and Years of Residence: <input type="checkbox"/> Self-Owned _____ <input type="checkbox"/> Mortgage _____ <input type="checkbox"/> Rental _____ <input type="checkbox"/> Quarters _____ <input type="checkbox"/> Live with Family _____				
Mobile Phone No.:			Residential Tel. No. (Optional):	
Email Address:				
Preferred Method for Receiving Statements: (Please select either one) <input type="checkbox"/> By Email to My Email Address <input type="checkbox"/> By Post to My Correspondence Address				
Education: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Graduate or above				
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife <input type="checkbox"/> Student				
Name of Employer:				
Position:			Years Employed:	
Nature of Business / Occupation: <input type="checkbox"/> Agriculture/ Animal Husbandry/ Forestry/ Fishery <input type="checkbox"/> Used Automobile/ Machine Parts Dealer <input type="checkbox"/> Pawn <input type="checkbox"/> Cash Intensive Business <input type="checkbox"/> Gambling/Lottery <input type="checkbox"/> Charities/ Welfare Institutions <input type="checkbox"/> Entertainment (Night Club) <input type="checkbox"/> Restaurant <input type="checkbox"/> Education Services <input type="checkbox"/> Trust <input type="checkbox"/> Finance <input type="checkbox"/> Government Sector <input type="checkbox"/> Hotels <input type="checkbox"/> Information Technology <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Car/ Boat Dealership <input type="checkbox"/> Logistics <input type="checkbox"/> Manufacturing <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Mining <input type="checkbox"/> Money Changer <input type="checkbox"/> Precious Metal Dealer <input type="checkbox"/> Wholesales <input type="checkbox"/> Public Services <input type="checkbox"/> Real Estate <input type="checkbox"/> Retail Sales <input type="checkbox"/> Travel/ Tourism <input type="checkbox"/> Transport <input type="checkbox"/> Jewelry <input type="checkbox"/> Self-directed Investor <input type="checkbox"/> Armaments Business <input type="checkbox"/> Beauty/ Healthcare Services <input type="checkbox"/> Antique/ Art Dealer <input type="checkbox"/> Import & Export Trades <input type="checkbox"/> Others (please specify) : _____				
Office Address:			Office Tel. No. (optional):	
Annual Income: <input type="checkbox"/> ≤\$250,000 <input type="checkbox"/> \$250,001 --- \$500,000 <input type="checkbox"/> \$500,001 --- \$1,000,000 (HKD) <input type="checkbox"/> \$1,000,001 --- \$2,000,000 <input type="checkbox"/> \$2,000,001 --- \$5,000,000 <input type="checkbox"/> >\$5,000,000				

Source of Fund:	<input type="checkbox"/> Salary/Business Income	<input type="checkbox"/> Retirement Funds	
	<input type="checkbox"/> Investment Returns	<input type="checkbox"/> Others: _____	
Net Worth: (HKD)	<input type="checkbox"/> ≤\$1,500,000	<input type="checkbox"/> \$1,500,001 --- \$3,000,000	<input type="checkbox"/> \$3,000,001 --- \$5,000,000
	<input type="checkbox"/> \$5,000,001 --- \$8,000,000	<input type="checkbox"/> \$8,000,001 --- \$20,000,000	<input type="checkbox"/> >\$20,000,000
Source of Wealth:	<input type="checkbox"/> Salary/Business Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Investment Returns
	<input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/> Sales Proceeds of Property/Assets	<input type="checkbox"/> Retirement Funds
	<input type="checkbox"/> Others: _____		
Investment Experience:	Stocks: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	Futures / Option: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	
	Bonds/Funds: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	FX / Gold: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	
	CBBC / Warrants: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	Structured Products: <input type="checkbox"/> Nil <input type="checkbox"/> Yes ( __ Years)	
Investment Objective:	<input type="checkbox"/> Capital Appreciation	<input type="checkbox"/> Generating Income	<input type="checkbox"/> Hedging
	<input type="checkbox"/> Speculation	<input type="checkbox"/> Others : _____	
Investment Goal:	Investment Plan: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long		
	Risk Tolerance: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Anticipated Monthly Transaction Amounts: (HKD)	<input type="checkbox"/> ≤\$1,000,000	<input type="checkbox"/> \$1,000,001 --- \$3,000,000	<input type="checkbox"/> \$3,000,001 --- \$5,000,000
	<input type="checkbox"/> \$5,000,001 --- \$10,000,000	<input type="checkbox"/> >\$10,000,000	

### 3. Signing Arrangement (Applicable to Joint Account Only) (Please tick "✓" appropriate box)

The account can be operated under the instruction of :

Either One of the Account Holder  Both of the Account Holders

### 4. Ultimate Beneficial Owner/Person Ultimately Responsible for Originating Instructions for the Account

(Please tick "✓" appropriate box)

Is the account holder(s) also the ultimate beneficial owner of the account?  Yes  No

Is the account holder(s) also the person ultimately responsible for originating instructions for the account?  Yes  No

**If "No" is selected for any of the questions above, please provide personal information of the relevant persons below.**

**(Please copy section 4 to complete if there is more than 1 person and sign on the supplementary page)**

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name:	First Name:	Chinese Name:
Date of Birth:	Place of Birth:	Nationality:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Type of ID: <input type="checkbox"/> ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Others: _____	ID Number:	Expiry Date:	Place of Issue:
Residential Address:			

Correspondence Address (If different from the above) :			
Residential Status and Years of Residence: <input type="checkbox"/> Self-Owned ____ <input type="checkbox"/> Mortgage ____ <input type="checkbox"/> Rental ____ <input type="checkbox"/> Quarters ____ <input type="checkbox"/> Live with Family ____			
Mobile Phone No.:		Residential Tel. No. (Optional):	
Email Address:			
Education: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Graduate or above			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife <input type="checkbox"/> Student			
Name of Employer:			
Position:		Years Employed:	
Nature of Business / Occupation:			
<input type="checkbox"/> Agriculture/ Animal Husbandry/ Forestry/ Fishery		<input type="checkbox"/> Used Automobile/ Machine Parts Dealer	
<input type="checkbox"/> Pawn	<input type="checkbox"/> Cash Intensive Business	<input type="checkbox"/> Gambling/Lottery	<input type="checkbox"/> Charities/ Welfare Institutions
<input type="checkbox"/> Entertainment (Night Club)	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Education Services	<input type="checkbox"/> Trust
<input type="checkbox"/> Finance	<input type="checkbox"/> Government Sector	<input type="checkbox"/> Hotels	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Insurance	<input type="checkbox"/> Legal	<input type="checkbox"/> Car/ Boat Dealership	<input type="checkbox"/> Logistics
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Mining	<input type="checkbox"/> Money Changer
<input type="checkbox"/> Precious Metal Dealer	<input type="checkbox"/> Wholesales	<input type="checkbox"/> Public Services	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Travel/ Tourism	<input type="checkbox"/> Transport	<input type="checkbox"/> Jewelry
<input type="checkbox"/> Self-directed Investor	<input type="checkbox"/> Armaments Business	<input type="checkbox"/> Beauty/ Healthcare Services	<input type="checkbox"/> Antique/ Art Dealer
<input type="checkbox"/> Import & Export Trades	<input type="checkbox"/> Others (please specify) : _____		
Office Address:		Office Tel. No. (optional):	
Net Worth : (HKD)			
<input type="checkbox"/> ≤\$1,500,000		<input type="checkbox"/> \$1,500,001 --- \$3,000,000	
<input type="checkbox"/> \$3,000,001 --- \$5,000,000		<input type="checkbox"/> \$5,000,001 --- \$8,000,000	
<input type="checkbox"/> \$8,000,001 --- \$20,000,000		<input type="checkbox"/> >\$20,000,000	
Source of Wealth:			
<input type="checkbox"/> Salary/Business Income		<input type="checkbox"/> Savings	
<input type="checkbox"/> Inheritance/Gift		<input type="checkbox"/> Investment Returns	
<input type="checkbox"/> Others: _____		<input type="checkbox"/> Sales Proceeds of Property/Assets	
		<input type="checkbox"/> Retirement Funds	
Relationship between the Account Holder(s) and the Ultimate Beneficial Owner/Person Ultimately Responsible for Originating Instructions for the Account:			
<input type="checkbox"/> Parents		<input type="checkbox"/> Spouse	
		<input type="checkbox"/> Sons/Daughters	
		<input type="checkbox"/> Others: _____	

Note: For Joint Account, please copy section 5, 6, 7 and 8 below to complete and sign on the supplementary page.

**5. Disclosure of Identity (please tick “✓”the appropriate box)**

Is the account holder(s), the ultimate beneficial owner of the account and/or the person ultimately responsible for originating instructions for the account a licensed/ registered person? (For SFC licensed/ HKMA registered person, please provide consent letter from the employer)

No  Yes, please provide Name of the Licensed/ Registered Person : \_\_\_\_\_

CE No./ Registered No. of the Relevant Person: \_\_\_\_\_

**6. Related Account (please tick “✓”the appropriate box)**

Is the account holder(s), the ultimate beneficial owner of the account and/or the person ultimately responsible for originating instructions for the account has any relationship with the director(s) or employee(s) of GYF or GYIH’s other member companies within its group of companies?

No  Yes, please provide the following information

Name of the Relevant Person(s) : \_\_\_\_\_ Name of the Director(s) or Employee(s): \_\_\_\_\_

Department of the Director(s) or Employee(s): \_\_\_\_\_

Relationship with the Director(s) or Employee(s):  Parents  Spouse  Sons/Daughters  Others: \_\_\_\_\_

Does the spouse of the account holder(s) maintain a margin account with GYF or GYIH’s other member companies within its group of companies?

No  Yes, please provide Name of the Spouse: \_\_\_\_\_ Account Number: \_\_\_\_\_

Does the account holder(s), either alone or with his/her spouse, control 35% or more of the voting rights of any corporate client(s) of GYF or GYIH’s other member companies within its group of companies?

No  Yes, please provide Name of the Corporate Client(s): \_\_\_\_\_ Account Number: \_\_\_\_\_

**7. Other Disclosures (please tick “✓”the appropriate box)**

Is the account holder(s), the ultimate beneficial owner of the account and/or the person ultimately responsible for originating instructions for the account entrusted with prominent public functions, such as senior political or senior government officials, judicial officials, military officials, senior executive of state owned corporations, important director of political party or family members or close associates of the above-mentioned parties (the “PEP”)?

No  Yes, please provide the following information

Name of the Relevant Person(s) : \_\_\_\_\_ Name of the PEP: \_\_\_\_\_

Public Function Entrusted with: \_\_\_\_\_

Relationship with the PEP:  Parents  Spouse  Sons/Daughters  Others: \_\_\_\_\_

Has the account holder(s) ever been arrested/tried/sentenced/disciplined for committing illegal activities or violating regulatory requirements?

No  Yes, please specify: \_\_\_\_\_

**8. Client Knowledge on Derivative Products (please tick “✓”the appropriate box)**

Has the account holder(s) ever attended any trainings or courses that provide general knowledge on the nature and risk of derivatives products?  Yes  No

Has any of the account holder(s)'s current or previous work experience been related to derivative products?  Yes  No

Has the account holder(s) executed five or more transactions in derivative products within the past three years?  Yes  No

**Note: If the account holder(s) does not have any of the above knowledge or experience, you will be treated as without knowledge on derivatives products. Before trading in derivatives products, you must pay attention to and ensure your understanding on the risks associated with derivatives products, the contents of which are stated in “Risk Disclosure and Disclaimer Statement”.**

**9. Designated Bank Account(s) (please tick “✓”the appropriate box)**

All monies payable to the account holder(s) are to be credited to the following bank account(s) in his/her own name unless otherwise instructed by the account holder(s).

Bank Account (1)

Name of Bank: \_\_\_\_\_ Currency:  HKD  USD  RMB  Other: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

Bank Account (2)

Name of Bank: \_\_\_\_\_ Currency:  HKD  USD  RMB  Other: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

**Note: Supporting documents regarding bank account(s) listed above (e.g. bank statement(s) showing the relevant name and account No.) should be provided.**

I/We hereby confirm that:

- (1) I/We shall refer to the relevant fees schedule for remittance bank charges;
- (2) The source of the fund or the purpose of the remittance do not involve terrorist financing activities, or proceeds of organized and serious crimes;
- (3) I/We shall bear the losses, responsibilities and risks pertinent to this withdrawal, transfer or payment to third party instruction;
- (4) I/We have enquired with the receiving bank and confirm that the receiving bank can receive the fund to be transferred from GYF;
- (5) I/We understand that the funds are remitted in the name of GYF; and
- (6) I/We acknowledge and agree that the staff of GYF may at any time contact me/us over the phone to confirm the details of my/our withdrawal request if they have any questions on its validity; and that your company is entitled to reject my/our withdrawal request without any liabilities if I/we cannot be reached/contacted.

**10. Self-declaration about Foreign Account Tax Compliance Act (“FATCA”) :** *(please tick “✓”the appropriate box)*

- I am **NOT** a U.S. Nationality, Permanent Resident, Other U.S. Person or US taxpayer.  
 I am a U.S. Nationality, Permanent Resident, Other U.S. Person or US taxpayer.

If you are a U.S. Nationality, Permanent Resident, Other U.S. Person or US taxpayer, please provide your Taxpayer Identification Number (“TIN”) below.

Taxpayer Identification Number (“TIN”): \_\_\_\_\_

**Declaration:** I hereby confirm that the information provided in this **FATCA Declaration Section** is true, correct and complete in all respects. If there is any change in the above information, I agree that I will inform and submit a new declaration to GYF within 30 days from the date of change. Should there be any false statements and/or delay to inform GYF of any changes made by me, causing GYF sued for any damages (including damages from GYF’s own assets or assets held on behalf of clients) by the U.S. authorities, I am willing to bear all the relevant loss suffered by GYF.

**Self-declaration about Foreign Account Tax Compliance Act (“FATCA”) of the Second Account Holder :**  
*(Applicable to Joint account only)*

- I am **NOT** a U.S. Nationality, Permanent Resident, Other U.S. Person or US taxpayer.  
 I am a U.S. Nationality, Permanent Resident, Other U.S. Person or US taxpayer.

If you are a U.S. Nationality, Permanent Resident, Other U.S. Person or US taxpayer, please provide your Taxpayer Identification Number (“TIN”) below.

Taxpayer Identification Number (“TIN”): \_\_\_\_\_

**Declaration:** I hereby confirm that the information provided in this **FATCA Declaration Section** is true, correct and complete in all respects. If there is any change in the above information, I agree that I will inform and submit a new declaration to GYF within 30 days from the date of change. Should there be any false statements and/or delay to inform GYF of any changes made by me, causing GYF sued for any damages (including damages from GYF’s own assets or assets held on behalf of clients) by the U.S. authorities, I am willing to bear all the relevant loss suffered by GYF.

**11. Self-certification Declaration of Residence for Tax Purposes**

Please read the following before completing this section:

- (1) Financial institutions are not allowed to provide tax advice. If you have any questions regarding this section or defining your tax residency status, please seek advice from your tax adviser or relevant tax authority. You may refer to the OECD website (<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>) for more details, including a list of jurisdictions that have signed agreements to exchange information automatically along with details about the information being requested.
- (2) If there are more than one account holders or “No” is selected for any questions listed under section 4 , each account holder and ultimate beneficial owner/person ultimately responsible for originating instructions for the account is required to complete a separate self-certification form.
- (3) You may be requested to provide additional documents to evidence the declaration made on this section.



**I hereby confirm that I am, for tax purposes, resident in the following countries:**

If a TIN is unavailable, please provide the appropriate reason below:

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

**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.

**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.

Jurisdiction of Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why the account holder is unable to obtain a TIN if Reason B is selected
(1)			
(2)			
(3)			

**Declaration :** I hereby acknowledge and agree that (a) the information contained in this section is collected and may be kept by GYF 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 GYF 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). I undertake to advise GYF of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect and to provide GYF with a suitably updated self-certification form within 30 days of such change in circumstances. I declare that the information provided and statements made in this section are, to the best of my knowledge and belief, true, correct and complete.

**WARNING:** It is an 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).

**12. Personal Data (please tick “✓”the appropriate box)**

I/We acknowledge I/we have read and understand the content of the Personal Information Statement of GYF. By ticking “ ✓ ” the box below, I/we signify my/our consent for GYF and GYIH’s other member companies within its group of companies to use my/our personal data on the terms of and for the purposes set out in the Personal Information Statement. I/We further agree to any revision or amendment that GYF may from time to time make in respect of any content of the Personal Information Statement by notice to me/us.

I/We agree the use of my/our personal data by GYF and GYIH’s other member companies within its group of companies for the purposes set out in the Personal Information Statement. I/We further agree to any revision or amendment that GYF may from time to time make in respect of any content of the Personal Information Statement by notice to me/us.

**Direct Marketing**

I/We confirm my/our consent as referred to in the section entitled Use of Data in Direct Marketing of the Personal Information Statement, subject to any objection as indicated by me/us below:

- I/We object to GYF using my/our personal data in direct marketing as referred to in the section entitled Use of Data in Direct Marketing of the Personal Information Statement.
- I/We object to GYF providing my/our personal data to GYIH's other member companies within its group of companies (other than GYF) for use in direct marketing as referred to in the section entitled Use of Data in Direct Marketing of the Personal Information Statement.

The above represents my/our present choice of whether or not to receive direct marketing contact or information. This shall replace any choice I/we may have given to GYF previously.

### 13. Client Declaration & Acknowledgement

1. I/We hereby request GYF to open and maintain a **Futures** trading account and agree to be bounded by the terms and conditions set out in the Futures Client's Agreement.
2. I/We confirm and acknowledge that the declarations made and information provided in this Account Opening Form is true, correct and complete in all respects. I/We further undertake to notify GYF promptly in case of any change of information. The GYF and/or GYIH's other member companies within its group of companies are entitled to rely fully on such information and representation for all purposes, unless it/they receives(s) notice in writing of any change. I/We understand that I/we may be required to provide additional information or submit documentary proof in addition to the information provided in this form when requested to do so. I/We understand that my/our submission of this form and the acceptance of this form by you in no way implies approval for opening of the relevant account(s) for me/us and that you reserve the right to reject my/our application. I/We understand that if this form is not fully completed, the relevant account opening process may be delayed.
3. I/We has received, read and understood the terms and conditions stated in **Futures Client's Agreement** (including terms under Risk Disclosure and Disclaimer Statement, Terms and Conditions of Internet Trading, Terms and Conditions in relation to the Foreign Account Tax Compliance Act ("FATCA") of the United States of America, and Personal Information Statement, where acceptable).
4. I/We acknowledge that I/we have carefully read and fully understood the content of **Risk Disclosure and Disclaimer Statement**. If I/we decide to trade in the Derivatives Products, I/we agree to bear the risks involved. I/ We confirm that, before trading in the Derivatives Products, I/we shall make my/our own risk assessment or seek independent professional advice, and that I/we have sufficient net worth to be able to assume the risks and bear the relevant potential losses. I/We understand that GYF does not encourage me/us to trade the Derivatives Products if I/We do not have any knowledge or experience trading to the Derivatives Products.
5. I/We acknowledge and confirm that the **Risk Disclosure and Disclaimer Statement** was provided to me/us in the language of my/our choice and I/we was/were invited to read the **Risk Disclosure and Disclaimer Statement** carefully, to ask questions and take independent advice if I/we wish.

6. I/We acknowledge and confirm that I/we should pay attention to the announcements/notices promulgated on <http://www.gyzq.com.hk/> from time to time.



Client Signature (Individual/ Joint)

Date

*Note: Client should enclose the following documents with the Account Opening Form for GYF processing:*

- (1) Certified true copy of client's Valid ID Card or Passport*
- (2) Latest 3 months residential address proof (e.g. utilities bill, phone bill, bank, Financial Institution)*
- (3) Proof of registered bank account(s) (e.g. bank statement(s) showing the relevant name and account No.), if applicable*

#### 14. Witness (Completed by GYF designated person or professional person<sup>#</sup>)

I hereby witness the signature(s) of the Client with the original ID card/passport and address proof.

Signature by Witness

Date

Print Name:

Name of Employer:

Professional/Capacity/CE No.:

Telephone:

<sup>#</sup> Professional Person: Lawyer/ notary public/ certified public accountant/ chartered secretary/ registered branch manager of a licensed bank/ Justice of Peace.

#### 15. Declaration by the Licensed Representative of GYF

I hereby declare that the **Risk Disclosure and Disclaimer Statement** has been provided to the client in English or Chinese (as the case may be), being the language of the client's choice and I have invited the client to read the said **Risk Disclosure and Disclaimer Statement** and encourage the client to ask questions and take independent advice if the client wishes.

Signature by Licensed Representative

Date

Name of Licensed Representative:

CE No.:

**16. Endorsed by Legal and Compliance Department (only applicable for high risk or blacklisted client)**

\_\_\_\_\_  
Signature by Designated Compliance Officer

\_\_\_\_\_  
Date

Name of Designated Compliance Officer :

**17. Acknowledged and Accepted by Responsible Officer for and on behalf of GYF**

\_\_\_\_\_  
Signature by Responsible Officer

\_\_\_\_\_  
Date

Name of Responsible Officer :