



國元證券經紀(香港)有限公司  
GUOYUAN SECURITIES BROKERAGE  
(HONG KONG) LIMITED

Account Number :

Guoyuan Securities Brokerage (Hong Kong) Limited (hereafter "GYSB")

17/F, Three Exchange Square  
8 Connaught Place, Central, Hong Kong  
Telephone: (852) 3769 6828  
Facsimile: (852) 3769 6999  
SFC Central Entity Number: AOA594

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

## SECURITIES 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	
Account Type:	<input type="checkbox"/> Cash Account	<input type="checkbox"/> Margin Account	<input type="checkbox"/> Stock Options Trading Account
Apply for securities online trading services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Apply for overseas securities trading services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Apply for China Connect Securities 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) :			
Ownership of Residence 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 Number:		Residential Telephone Number (Optional):	
(Country Code: )		(Country Code: )	
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 Level: <input type="checkbox"/> Primary or below <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 and Forestry/Fishery		<input type="checkbox"/> Used Automobile/ Machine Parts Dealer				
<input type="checkbox"/> Pawn Shop	<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 Dealer	<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 Telephone Number (optional): (Country Code:       )			
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 Funds:	<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"/> \$20,000,001---\$50,000,000			
	<input type="checkbox"/> >\$50,000,000					
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)	FX / Gold:	<input type="checkbox"/> Nil	<input type="checkbox"/> Yes (___ Years)
	Bonds/Funds:	<input type="checkbox"/> Nil	<input type="checkbox"/> Yes (___ Years)	Stock Options:	<input type="checkbox"/> Nil	<input type="checkbox"/> Yes (___ Years)
Investment Objective:	<input type="checkbox"/> Capital Appreciation	<input type="checkbox"/> Dividend Yield		<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 Investment Products:	<input type="checkbox"/> HK Stocks	<input type="checkbox"/> China Connect Securities		<input type="checkbox"/> Overseas Stocks		
	<input type="checkbox"/> Funds	<input type="checkbox"/> Bonds		<input type="checkbox"/> Stock Options and Other Structured Products		

Anticipated Monthly <input type="checkbox"/> ≤\$1,000,000 <input type="checkbox"/> \$1,000,001 --- \$3,000,000 <input type="checkbox"/> \$3,000,001 --- \$5,000,000 Transaction Amounts: (HKD) <input type="checkbox"/> \$5,000,001 --- \$10,000,000 <input type="checkbox"/> >\$10,000,000 (please specify: _____)			
<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"/> Child <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: Expiry Date:                      Place of Issue:	
Residential Address:			
Correspondence Address (If different from the above) :			
Ownership of Residence 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 Number: ( Country Code:        )		Residential Telephone Number (Optional): (Country Code:        )	
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 Level: <input type="checkbox"/> Primary or below <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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Agriculture/ Animal Husbandry and Forestry/Fishery  <input type="checkbox"/> Pawn Shop                      <input type="checkbox"/> Cash Intensive Business  <input type="checkbox"/> Entertainment (Night Club)    <input type="checkbox"/> Restaurant  <input type="checkbox"/> Finance                      <input type="checkbox"/> Government Sector  <input type="checkbox"/> Insurance                      <input type="checkbox"/> Legal  <input type="checkbox"/> Manufacturing                      <input type="checkbox"/> Pharmaceuticals  <input type="checkbox"/> Precious Metal Dealer                      <input type="checkbox"/> Wholesales  <input type="checkbox"/> Retail sales                      <input type="checkbox"/> Travel/ Tourism  <input type="checkbox"/> Self-directed Investor                      <input type="checkbox"/> Armaments Business  <input type="checkbox"/> Import &amp; Export Trades                      <input type="checkbox"/> Others (please specify) : _____           </div> <div style="width: 50%;"> <input type="checkbox"/> Used Automobile/ Machine Parts Dealer  <input type="checkbox"/> Gambling/Lottery                      <input type="checkbox"/> Charities/ Welfare Institutions  <input type="checkbox"/> Education Services                      <input type="checkbox"/> Trust  <input type="checkbox"/> Hotels                      <input type="checkbox"/> Information Technology  <input type="checkbox"/> Car/ Boat Dealer                      <input type="checkbox"/> Logistics  <input type="checkbox"/> Mining                      <input type="checkbox"/> Money Changer  <input type="checkbox"/> Public Services                      <input type="checkbox"/> Real Estate  <input type="checkbox"/> Transport                      <input type="checkbox"/> Jewelry  <input type="checkbox"/> Beauty/ Healthcare Services                      <input type="checkbox"/> Antique/ Art Dealer           </div> </div>			

Office Address:		Office Telephone Number (optional): (Country Code: )	
Annual Income: (HKD)	<input type="checkbox"/> ≤\$250,000 <input type="checkbox"/> \$1,000,001 --- \$2,000,000	<input type="checkbox"/> \$250,001 --- \$500,000 <input type="checkbox"/> \$2,000,001 --- \$5,000,000	<input type="checkbox"/> \$500,001 --- \$1,000,000 <input type="checkbox"/> >\$5,000,000
Source of Funds:	<input type="checkbox"/> Salary/Business Income <input type="checkbox"/> Investment Returns	<input type="checkbox"/> Retirement Funds <input type="checkbox"/> Others: _____	
Net Worth: (HKD)	<input type="checkbox"/> ≤\$1,500,000 <input type="checkbox"/> \$5,000,001 --- \$8,000,000 <input type="checkbox"/> >\$50,000,000	<input type="checkbox"/> \$1,500,001 --- \$3,000,000 <input type="checkbox"/> \$8,000,001 --- \$20,000,000	<input type="checkbox"/> \$3,000,001 --- \$5,000,000 <input type="checkbox"/> \$20,000,001 --- \$50,000,000
Source of Wealth:	<input type="checkbox"/> Salary/Business Income <input type="checkbox"/> Inheritance/Gift <input type="checkbox"/> Others: _____	<input type="checkbox"/> Savings <input type="checkbox"/> Sales Proceeds of Property/Assets	<input type="checkbox"/> Investment Returns <input type="checkbox"/> Retirement Funds
Investment Experience:	Stocks: <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) Stock Options: <input type="checkbox"/> Nil <input type="checkbox"/> Yes (___ Years)	
Investment Objective:	<input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Speculation	<input type="checkbox"/> Dividend Yield <input type="checkbox"/> Others : _____	<input type="checkbox"/> Hedging
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 Investment Products:	<input type="checkbox"/> HK Stocks <input type="checkbox"/> Funds	<input type="checkbox"/> China Connect Securities <input type="checkbox"/> Bonds	<input type="checkbox"/> Overseas Stocks <input type="checkbox"/> Stock Options and Other Structured Products
Anticipated Monthly Transaction Amounts: (HKD)	<input type="checkbox"/> ≤\$1,000,000 <input type="checkbox"/> \$5,000,001 --- \$10,000,000	<input type="checkbox"/> \$1,000,001 --- \$3,000,000 <input type="checkbox"/> >\$10,000,000 (please specify: _____)	<input type="checkbox"/> \$3,000,001 --- \$5,000,000

### 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 <i>(Please tick "✓" appropriate box)</i>			
Is the Client(s) also the ultimate beneficial owner of the account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client(s) also the person ultimately responsible for originating instructions for the account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If "No" is selected for any of the questions above, please provide personal information of the relevant persons below.</b> <b>(Please copy section 4 to complete if there is more than 1 person and sign on the supplementary page)</b>			
<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) :			
Ownership of Residence 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 Number: ( Country Code:       )		Residential Telephone Number (Optional): (Country Code:       )	
Email Address:			
Education Level: <input type="checkbox"/> Primary or below <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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Agriculture/ Animal Husbandry and Forestry/Fishery  <input type="checkbox"/> Pawn Shop  <input type="checkbox"/> Entertainment (Night Club)  <input type="checkbox"/> Finance  <input type="checkbox"/> Insurance  <input type="checkbox"/> Manufacturing  <input type="checkbox"/> Precious Metal Dealer  <input type="checkbox"/> Retail sales  <input type="checkbox"/> Self-directed Investor  <input type="checkbox"/> Import &amp; Export Trades             </div> <div style="width: 50%;"> <input type="checkbox"/> Cash Intensive Business  <input type="checkbox"/> Restaurant  <input type="checkbox"/> Government Sector  <input type="checkbox"/> Legal  <input type="checkbox"/> Pharmaceuticals  <input type="checkbox"/> Wholesales  <input type="checkbox"/> Travel/ Tourism  <input type="checkbox"/> Armaments Business  <input type="checkbox"/> Others (please specify) : _____             </div> <div style="width: 50%;"> <input type="checkbox"/> Used Automobile/ Machine Parts Dealer  <input type="checkbox"/> Gambling/Lottery  <input type="checkbox"/> Education Services  <input type="checkbox"/> Hotels  <input type="checkbox"/> Car/ Boat Dealer  <input type="checkbox"/> Mining  <input type="checkbox"/> Public Services  <input type="checkbox"/> Transport  <input type="checkbox"/> Beauty/ Healthcare Services             </div> <div style="width: 50%;"> <input type="checkbox"/> Charities/ Welfare Institutions  <input type="checkbox"/> Trust  <input type="checkbox"/> Information Technology  <input type="checkbox"/> Logistics  <input type="checkbox"/> Money Changer  <input type="checkbox"/> Real Estate  <input type="checkbox"/> Jewelry  <input type="checkbox"/> Antique/ Art Dealer             </div> </div>			
Office Address:		Office Telephone Number (optional): (Country Code:       )	

	<input type="checkbox"/> ≤\$1,500,000	<input type="checkbox"/> \$1,500,001 --- \$3,000,000	<input type="checkbox"/> \$3,000,001 --- \$5,000,000
Net Worth : (HKD)	<input type="checkbox"/> \$5,000,001 --- \$8,000,000	<input type="checkbox"/> \$8,000,001 --- \$20,000,000	<input type="checkbox"/> \$20,000,001---\$50,000,000
	<input type="checkbox"/> >\$50,000,000		

	<input type="checkbox"/> Salary/Business Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Investment Returns
Source of Wealth:	<input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/> Sales Proceeds of Property/Assets	<input type="checkbox"/> Retirement Funds
	<input type="checkbox"/> Others: _____		

Relationship between the Client(s) and the Ultimate Beneficial Owner/Person Ultimately Responsible for Originating Instructions for the Account:
 ☐ Parents
     
 ☐ Spouse
     
 ☐ Child
     
 ☐ 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 Client(s), the ultimate beneficial owner of the account and/or the person ultimately responsible for originating instructions for the account a director or staff member of a licensed/ registered person of the SFC?

(If yes, please provide the employer’s consent letter )

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

CE No./ Registered No. of the Relevant Person (if applicable): \_\_\_\_\_

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

Does the Client(s), the ultimate beneficial owner of the account and/or the person ultimately responsible for originating instructions for the account have any relationship with the director(s) or employee(s) of GYSB or other member companies within GYIH’s 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      ☐ Child      ☐ Others: \_\_\_\_\_

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Does the spouse of the Client(s) maintain any account(s) with GYSB or other member companies within GYIH’s group of companies?

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

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

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

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

Does the Client(s) have any relationship with senior officers/ directors/ substantial shareholders of any listed company whose shares are traded on any exchange?

☐ No ☐ Yes, please provide the following information

Name of the Relevant Person(s) : \_\_\_\_\_ Name of the Listed Company: \_\_\_\_\_

Exchange on which Shares of the Listed Company are Traded: \_\_\_\_\_ Stock Code: \_\_\_\_\_

Is the Client(s), the ultimate beneficial owner of the account and/or the person ultimately responsible for originating instructions for the account entrusted or have been entrusted with a prominent public function, such as senior politician, senior government judicial or military official, senior executive of state-owned corporation, or important political party official, 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 ☐ Child ☐ Others: \_\_\_\_\_

Has the Client(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 Client(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 Client(s)’s current or previous work experience been related to derivative products? ☐ Yes ☐ No

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

**Note: If the Client(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 Statements”.**

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

All monies payable to the Client(s) are to be credited to the following bank account(s) in his/her own name unless otherwise instructed by the Client(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 the designated bank account(s) (e.g. bank statement(s) showing the name of the Client and the account no.) are to be provided by the Client.**

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 GYSB;
- (5) I/We understand that the funds are remitted in the name of GYSB; and
- (6) I/We acknowledge and agree that the staff of GYSB 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 GYSB within 30 days from the date of change. Should there be any false statements and/or delay to inform GYSB of any changes made by me, causing GYSB sued for any damages (including damages from GYSB'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 GYSB.

**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 GYSB within 30 days from the date of change. Should there be any false statements and/or delay to inform GYSB of any changes made by me, causing GYSB sued for any damages (including damages from GYSB'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 GYSB.



## 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 Client is a resident for tax purposes does not issue TINs to its residents.

**Reason B ---** The Client is unable to obtain a TIN. Explain why the Client 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 Client 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 GYSB for the purpose of automatic exchange of financial account information; and (b) such information and information regarding the Client and any reportable account(s) may be reported by GYSB 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 Client 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 GYSB of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect and to provide GYSB 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. Client Declaration & Acknowledgement

1. I/We hereby request GYSB to open and maintain a **Cash / Margin Securities Trading Account(s)** and/or **Stock Options Trading Account(s)** and agree to be bound by the terms and conditions set out in the Cash Client's Securities Trading Agreement, Margin Client's Securities Trading Agreement and/or Client's Stock Options Trading Agreement, where applicable.
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 GYSB promptly in case of any change of information. The GYSB and/or other member companies within GYIH's 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 Account Opening Form when requested to do so. I/We understand that my/our submission of this Account Opening Form and the acceptance of this Account Opening 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 Account Opening 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 **Cash Client's Securities Trading Agreement, Margin Client's Securities Trading Agreement** and/or **Client's Stock Options Trading Agreement** (including terms under Electronic Trading Services Supplement, Stock Connect Securities Trading Services Supplement, Stock Connect Risk Disclosure and Other Information Supplement, Electronic Direct Debit Authorisation Supplement, Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standard ("CRS") Policies of the Group Companies Supplement, Risk Disclosure Statements, Personal Information Statement concerning Hong Kong Investor Identification Regime and Over-the-counter Securities Transactions Reporting Regime and Personal Information Collection Statement of the Group Companies, where acceptable).
4. I/We acknowledge that I/we have carefully read and fully understood the risk disclosures associated with derivatives products. 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 GYSB does not encourage me/us to trade the derivatives products if I/we do not have any knowledge or experience trading in the derivatives products.
5. I/We acknowledge and confirm that the **Risk Disclosure Statements** were provided to me/us in the language of my/our choice and I/we was/were invited to read the **Risk Disclosure Statements** 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 GYSB 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) *Supporting documents regarding the designated bank account(s) (e.g. bank statement(s) showing the name of the Client and the account no.), if applicable*

**13. Witness (Completed by GYSB 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.

**14. Declaration by the Licensed Representative of GYSB**

I hereby declare that the **Risk Disclosure Statements** have 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 Statements** 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.:

**15. 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 :

**16. Acknowledged and Accepted by Responsible Officer for and on behalf of GYSB**

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

\_\_\_\_\_  
Date

Name of Responsible Officer :