

# Account Opening Form - Corporate/Partnership/Trust/Association

Before you complete this Account Opening Form, please read the Brokerage Terms and Conditions for Retail Clients (the "Terms and Conditions"). Upon Huatai accepting you as its client, this Account Opening Form, the Account Opening Letter and the Terms and Conditions (together, the "Documents") shall form a written legal agreement that defines Huatai's relationship with you in respect of the Account(s) and the Service(s). Your signature below evidences your acceptance of the terms in the Documents. In this Account Opening Form, unless the context otherwise requires, each defined term shall bear the meaning given to it in the Terms and Conditions.

Please complete this Account Opening Form in capital letters and black / blue ink.

#### Client Details

Name of Company/Partnership/	Trust/Association:
Chinese Name:	
Account Name (if different from	above):
Nature of Entity (i.e. Corporate/I	Partnership/Trust/Association):
Existing Client: □ Yes □ No	Account No. or Customer No.:
Registered Office Address (if ap	pplicable):
Business Address (if applicable	):
Mailing Address (if different from	m above):
Telephone No.: ()	Facsimile No.: ()
	(Please note that unless otherwise instructed by you, Huatai will
send you combined statements, maddress)	nonthly statements and contract notes by e-statements only through the stated e-mail
Company Registration No./Certi	ficate of Incorporation No./Identification No. (if applicable):
Business Registration No. (if ap	plicable):
Principal Place of Business:	
Country of Incorporation (if app	licable):
Date of incorporation/establishr	ment:
Details of Share Capital (if appli	cable):
Type of Partnership (if applicab	le): □ General □ Limited
Type of Trust (if applicable):	
Governing law of Trust (if applic	cable):
Nature of Business:	
Regulated Status (if applicable)	:
Regulated Entity No. (if applicat	ole):
Name and Country of Regulator	y Authority (if applicable):
Listed Company: □ Yes □ No	Stock Exchange (if applicable):
Are any shares held in the Clien details:	t held in bearer form? □ Yes □ No, if yes, please provide

Sources and origin of funds to be used in connection with the Services

Sources of Funds:	□ Shareholders/Guarantors	□ Revenue fr	om operating business
□ Others (plea	se specify):		
Origin of Funds:	□ Hong Kong	□ Mainland China	□ Macau
□ Taiwan	□ Singapore	□ Others (please spec	ify):
2. Services			
(a) Nature of services			
(Please tick the service	s required)		
□ Securities Trading Se	ervices	□ Margin Trading Serv	ices #
□ Futures / Options Cor	ntracts Trading Services	□ Electronic Trading S	ervices
□ Other:			
#□ 本人/所有授權人士	均為七十歲或以下人士 I confirm tha	t I/and all the authorised pe	ersons are aged 70 or below.
(b) Anticipated level o	f activity		
□ Low/infrequent		□ Highly active/frequer	nt
□ Moderately active/free	quent		
3. Process Agent			
	ints		
_			
	cept service of any legal process in		
4. Details and Spec	imen Signature of Authorised Per	rsons	
Please fill in the following	ng details for each Authorised Perso	on. Please attach additional	details to this form, to the extent
necessary.			
(i) Individuals			
•		Given Name)	
Gender: □ Male □ Fem	ale		
-			
-		-	ent No.:
Identity Document Ex	piration Date:		
Current Residential A	ddress:		
		-	Country:
Permanent Address (i	f different from above):		

Other Address (e.g. Office):	
Telephone No.: ()	
Email:	
Facsimile No.:()	
Relationship with Client:	
Politically Exposed Person:   Yes  No	
Specimen Signature:	
Instruction Type (please choose one or more):	
<ul> <li>Dealing/Trading Instructions</li> </ul>	
□ Operational/Settlement Instructions	
□ Other, please specify:	
(ii) Non-natural persons (e.g. companies/trusts, etc.)	
Name of Company/Partnership/Trust/Association:	
Registered Office Address (if applicable):	
Business Address in Hong Kong (if applicable):	
Company Registration No./Certificate of Incorporation No./Identification No. (if applicable):	
Country of Incorporation (if applicable):	
Date of incorporation/establishment:	
Type of Partnership (if applicable):   General Limited	
Type of Trust (if applicable):	
Governing law of Trust (if applicable):	
Regulated Status (if applicable):	
Regulated Entity No. (if applicable):	
Name and Country of Regulatory Authority (if applicable):	
Telephone No.: ()	
Email:	
Facsimile No.:()	
Relationship with Client:	
Instruction Type (please choose one or more):	
□ Dealing/Trading Instructions	
□ Operational/Settlement Instructions	
□ Other, please specify:	
5. Information on Company, Partnership or Association	
Please fill in the following details for each: (i) director; (ii) partner; and/or (iii) individual who exercises control over the management of the partnership/association. Please attach additional details to this form, to the extent necessary.	
Given Name: Surname:	
Chinese Name: (Surname)(Given Name)	
Gender: □ Male □ Female	

Date of Birth (dd/mm/yyyy):/	Nationality:
Place of Birth:	Country of Residence:
Identity Document Type:	Identity Document No.:
Identity Document Expiration Date:	
Current Residential Address:	
Postcode (if applicable):	Country:
Permanent Address (if different from	above):
Other Address (e.g. Office):	
Telephone No.: ()	
Email:	
Facsimile No.:()	
Relationship with Client:	
Politically Exposed Person:	s □ No
6. Information on Trust	
Diagona (illinoida (il	
Please fill in the following details for eac additional details to this form, to the extension	i: (i) trustee; (ii) settlor; (iii) protector; (iv) enforcer; and/or (iv) beneficiary. Please attach nt necessary.
(a) For individuals	
	Surname:
Chinese Name: (Surname)	(Given Name)
Gender: □ Male □ Female	
Date of Birth (dd/mm/yyyy)://	Nationality:
	Country of Residence:
Identity Document Type:	Identity Document No.:
Identity Document Expiration Date:	
Current Residential Address:	
Postcode (if applicable):	Country:
Permanent Address (if different from	above):
Telephone No.: ()	
Email:	
Facsimile No.:()	
·	
Politically Exposed Person:	
, ,	
(b) For non-natural persons (e.g. con	panies/trusts, etc.)
Name of Company/Partnership/Trust	Association:
Registered Office Address (if applica	le):
Business Address in Hong Kong (if a	plicable):
	of Incorporation No./Identification No. (if applicable):
Country of Incorporation (if applicable	y):
Date of incorporation/establishment:	

Type of Partnership (if applicable):	□ General	□ Limited	
Type of Trust (if applicable):			
Governing law of Trust (if applicable):			
Regulated Status (if applicable):			
Regulated Entity No. (if applicable):			
Name and Country of Regulatory Author	ity (if applicable	):	
Telephone No.: ()			
Email:			
Facsimile No.:()			
Relationship with Client:			
7. Beneficial Owners <sup>1</sup> (if applicable) <sup>2</sup>			
Please fill in the following details for each B	eneficial Owner.		
Where the owner is another legal person or attach additional details to this form, to the			behind that legal person should be provided. Please
Given Name:			Surname:
Chinese Name: (Surname)	(Giv	ven Name)	
Gender: □ Male □ Female			
Date of Birth (dd/mm/yyyy)://	Nationality:	• • • • • • • • • • • • • • • • • • • •	
Place of Birth:	Cou	ıntry of Resid	lence:
Identity Document Type:		Identi	ity Document No.:
Identity Document Expiration Date:			
Current Residential Address:			
Postcode (if applicable):		City:	Country:
•	•		
Relationship with Client:			
Politically Exposed Person:	□ No		
8. Client Bank Account Details			
Unless otherwise instructed by the Client, a	II monies payable	to the Client a	are to be credited to the following bank account(s):
Bank Name			A/C Number
□ HKD			
usd			
□ Other Currency			

(N.B. the settlor, the protector and/or enforcer of the trust are also beneficial owners of the trust however, their details are provided in section 7 above.)

Where applicable, Huatai should identify and record and take reasonable measures to verify the identity of: (a) individuals owning or controlling 10% or more of the voting rights, shares, etc. of the corporation, partnership, trust, etc.; and (b) any individual who exercises ultimate control over the management of the corporation, partnership, trust, etc.

ldentification of the beneficial owner of the Client is not required where Huatai is establishing a business relationship with a Client to whom simplified due diligence may be applied (as specified in section 4 of Schedule 2 to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance (Cap. 615)).

Bank Account Hold	er's Name (the	name(s) show on ban	nk statements	and this	form should mate	ch):	
If the Bank Account	is outside Hor	ng Kong, please state t	the address, I	ocation a	and SWIFT code	(if applicab	le) of the Bank:
9. Other							
(a) Is the Client ac	ting as an age	ent for any one or mo	re third part	ies?			
□ No							
□ Yes. If Yes, plea	ase provide det	ails (attach additional i	information w	here nec	essary):		
relationship with a	any director(s	r or partner of the Cli ) or employee(s) of H d Huatai Financial Ho	luatai or any	of its A	ssociates (inclu	ding, with	-
□ Yes. If Yes, pleas	se provide deta						
Name of Huatai Gro and Branch	oup Entity	Name of Employee/D	Director/AE	Title/De	epartment	Relations	hip
other Accounts w and Huatai Finar	ith Huatai or a	r or partner of the Cli any of its Associates s (Hong Kong) Coi as Accounts operate	i (including, mpany Limi	without ted)? P	limitation, Huata lease include /	ai Securitio Accounts	es Company Limited operated/owned by
□ Yes. If Yes, pleas	se provide deta	iils:					
Name of Account	Name of Hua Branch	atai Group Entity and	Account Nu	mber	Account Type		Credit Limit and Outstanding Amount (if any)
person, or a direc	tor or an emp	the Client, any Bened bloyee of any license mission in Hong Kor	ed corporation		-		_
□ Yes. If Yes, plea	ase provide det	ails:					
If Yes, please also	provide a cons	ent letter from his/her	employer.				

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(e) Is any director or partner of the Client, any Beneficial Owner, and/or any Authorised Person a director or employee

Financial Holdings (Hong Ko	ng) Company Limited)?		
□ No			
□ Yes. If Yes, please provide	details:		
Name of Huatai Group Entity and Branch	Name of Employee/Director/Al	E Title/Department	
(f) Is the Client, any director of a public company?	or partner of the Client, any Bene	eficial Owner and/or any Aut	horised Person an "insider"
□ No			
□ Yes			
directors, officers or employees following:	e an " <b>insider</b> " if within the last single (or his or her spouse, child, pare	nt or sibling) is, or has been ir	n the past six months, any of the
prescribe a I percentage),	icer, employee or a substantial sha ower percentage as the threshold of a company listed on an exchan or an affiliate of a Public Company	for being a substantial share nge or quoted in a market or i	holder or equivalent, such lower
* * * * * * * * * * * * * * * * * * * *	which may reasonably be expected Public Company; or	d to give him / her access to n	naterial non-public information ir
	to make managerial decisions at	ffecting the future developme	nt and business prospects of a
Public Comp	any.		
·	any. each Public Company as follows:		
If so, please provide details for	each Public Company as follows:		
·	each Public Company as follows:  Relevant Exchange / Market	Details of connection with the Public Company	Shareholding %
If so, please provide details for  Name of Public Company /	each Public Company as follows:  Relevant Exchange / Market		Shareholding %
If so, please provide details for  Name of Public Company / Companies  (g) Has any director or partn	each Public Company as follows:  Relevant Exchange / Market	the Public Company  Owner and/or any Authorise	d Person ever been bankrupt
If so, please provide details for  Name of Public Company / Companies  (g) Has any director or partn	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial (	the Public Company  Owner and/or any Authorise	d Person ever been bankrupt
Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of the petition, or undergone any of the context of the contex	the Public Company  Owner and/or any Authorise	d Person ever been bankrupt
If so, please provide details for  Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of the petition, or undergone any of the context of the contex	the Public Company  Owner and/or any Authorise	d Person ever been bankrupt
If so, please provide details for  Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of the petition, or undergone any of the context of the contex	the Public Company  Owner and/or any Authorise	d Person ever been bankrupt
If so, please provide details for  Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of the petition, or undergone any of the context of the contex	the Public Company  Owner and/or any Authorise	d Person ever been bankrupt
Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup  No  Yes. If Yes, please provide	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of the petition, or undergone any of the details.	the Public Company  Owner and/or any Authorise other similar procedure during	d Person ever been bankrupt ng the last 7 years?
Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup  No  Yes. If Yes, please provide of	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of the petition, or undergone any of details.	Owner and/or any Authorise other similar procedure during ast 7 years, or been served	d Person ever been bankrupt ng the last 7 years?
Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup  No  Yes. If Yes, please provide of	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of the petition, or undergone any of the details.	Owner and/or any Authorise other similar procedure during ast 7 years, or been served	d Person ever been bankrupt ng the last 7 years?
If so, please provide details for Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup  No  Yes. If Yes, please provide of the companies in the companies in the company / Com	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of otcy petition, or undergone any of details.  e any restructuring during the later or liquidator appointed to manage.	Owner and/or any Authorise other similar procedure during ast 7 years, or been served	d Person ever been bankrupt ng the last 7 years?
Name of Public Company / Companies  (g) Has any director or partn been serviced with a bankrup  No  Yes. If Yes, please provide of the companies in the companies in the companies in the company / Company	each Public Company as follows:  Relevant Exchange / Market  er of the Client, any Beneficial of otcy petition, or undergone any of details.  e any restructuring during the later or liquidator appointed to manage.	Owner and/or any Authorise other similar procedure during ast 7 years, or been served	d Person ever been bankrupt ng the last 7 years?

of Huatai or any of its Associates (including, without limitation, Huatai Securities Company Limited and Huatai

	se provide details of any litigation or proceedings in which the Client has been engaged in the last three (3) or any proceedings pending or threatened against the Client.
(j) Liqu	idity:
Does to	the Client have the means to make regular contributions and meet extra collateral requirements, where riate?
□ Yes	□ No
Does t	he Client depend on having liquid assets/cash to meet any current or anticipated payment requirements or
□ Yes	□ No
	s the amount of cash the Client needs to set aside to meet liquidity and emergency needs?  specify (HKD):
(k) Per	centage of Investable/Liquid Assets
	s the percentage of the Client's assets (excluding real estate property for own use) currently held in investment its where the value can fluctuate?
	< 25%
	25% - 49%
	50% - 75%
	> 75%
	s the percentage of investable/liquid asset that will be invested using Huatai's services (this percentage should present risk capital)?
	< 25%
	25% - 49%
	50% - 75%
	> 75%

10. Specimen of Client chop or seal	
11. Client's Financial Information (H	(D)
(a) Annual Net Profit After Tax	
(i) Amount:	for fiscal year ending
(ii) Amount:	for fiscal year ending
(b) Total Net Worth and Liabilities	
(i) Total Net Worth:	
(ii) Total Liabilities:	
(c) Does the Client own any property /	real estate?
No	
Yes	
If yes, please provide the following details	s for each property:
(i) Residential Properties:	
Address:	
Owned (No mortgage)	
Mortgaged	
Lender:	
Monthly Installment (HKD):	
Balance / Overdraft Limit (HK	(D):
If Property is Rented, Monthly Rental (	HKD):
(ii) Properties other than Residential P	roperties
Address:	
Owned (No mortgage)	
Mortgaged	
Lender:	
Monthly Installment (HKD):	

If Property is Rented, Monthly	y Rental (H	KD):					
(d) Net Worth Distribution							
Properties:	[	]%					
Cash:	[	]%					
Securities / Vanilla Products:	[	]%					
Structured Products:	[	]%					
Others:	[	]% Please spec	cify:				
	[	]% Please spec	cify:				
	[	]% Please spec	cify:				
12. Client's Investment Object	ctives and	Experience					
(a) Investment Experience							
			Frequency of	trade per year			
		Uninvolved	<40 t	imes	>40tin	nes	
Shares							
Debentures							
Funds							
Leverage Foreign Exchange							
Precious Metals							
Futures/Options							
Derivative Products							
			Estimated agg	gregate product	investment		
				and present) (F			
		Uninvolved	<8,000,000	8,000,000-3	0,000,000	>30,000,000	
Shares							
Debentures							
Funds							
Leverage Foreign Exchange							
Precious Metals							
Futures/Options							
Futures/Options Derivative Products							
	rs)	□ Nil	□ Less than 2	vears	□ 2-5	years	

Balance / Overdraft Limit (HKD): \_\_\_

(b) Investment Horizon			
□ Short Term (less than 6 months)	□ Medium Term	(6-24months)	□ Long Term (over 2 years)
(c) Investment Objective			
	rate aggressive growth o	t capital with no ne	eed for regular income generation, and willing
to have exposure to the highest risk)			
□ Capital Appreciation (to generate ca	ipital growth over time, w	ith no need for reg	ular income generation)
□ Growth and Income (to seek a balar	nce in capital growth and	regular income ge	eneration)
□ Capital Preservation (to primarily pr	eserve capital, with some	e regular income g	eneration as secondary consideration)
□ Income (to primarily seek regular inc	come generation with sor	me capital growth a	as secondary consideration)
□ Others, please specify:			
(d) Client Risk Tolerance			
□ Low (only able to tolerate low risk at	the sacrifice of return)		
□ Moderate (able to tolerate slight vol	atility and little loss of cap	oital with low return	n)
□ Moderate Growth (able to tolerate re	easonable volatility and a	accept some loss o	f capital with reasonable return)
□ High (able to tolerate high volatility a	and total or substantial lo	ss of capital in ord	er to maximize return)
(e) Client's Knowledge of Derivative	es		
Does the Client intend to purchase	derivatives products?		
No			
Yes. If yes, then answer the following	ng:		
(i) Does the Client have experience	related to derivative pr	oducts?	
No			
Yes. If yes, please specify:			
			roducts (e.g. Derivative Warrants, Callable n an exchange or not) within the past three
No			
Yes			
(iii) Other information relevant to th	e Client's knowledge o	f derivatives:	


## 13. Acknowledgment and Confirmation

Signed:	Date:					
	Director/Partner/Trustee/Officer (delete where necessary)					
	(for and on behalf of the Client)					
Name: .						
Signed:	Date:					
	Director/Company Secretary/Partner/Trustee/Officer (delete where necessary)					
	(for and on behalf of the Client)					
Name: .						
Signed:	Date:					
	Witness of Signatures					
	(Huatai employee / Notary Public / Justice of the Peace					
	Certified Public Accountant / Lawyer) (delete where necessary)					
Name: .	Role:					
Date:	Passport / Hong Kong ID Card No.:					

## For Internal Use Only

Verified by (Name and Role):	
Employee No.:	Date:
Signed:	
Approved by (Name and Role) (1):	
Employee No.:	Date:
Signed:	
Approved by (Name and Role) (2):	
Employee No.:	Date:
Signed:	

#### **Supporting Documents Required For Account Opening**

(For reference only)

Copies of the following documents, certified to be true and complete in the last three (3) calendar months by [two (2) directors or one (1) director and the company secretary/one Partner/one Trustee/one person exercising control] [over/of] the Client or a professional body acceptable to Huatai shall be provided. Huatai reserves the right to request additional supporting documents from the Client.

Where the account opening documents are not executed in the presence of a Huatai employee, the copies of identity documents should be certified by any other licensed or registered person, an affiliate of a licensed or registered person, a Justice of the Peace, or a professional person such as a branch manager of a bank, certified public accountant, lawyer or notary public. Certification services that are recognized by the Electronic Transactions Ordinance (Cap. 553), such as the certification services available from the Hongkong Post, may also be employed. The certifier must sign and date the copy document (printing his/her name clearly in capitals underneath) and clearly indicate his/her position or capacity on it. The certifier must state that it is a true copy of the original (or words to similar effect).

(Please tick supporting documents provided)

<u>Identity verification</u>	in respect	<u>of relevan</u>	<u>t companies,</u>	trusts,	<u>partnerships,</u>	associations
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- □ Certificate of Incorporation/Certificate of Registration
- □ Certificate of business registration (if applicable)
- □ Business Registration Certificate (if applicable)
- Memorandum (if applicable)
- □ Articles of Association (if applicable)
- □ Partnership Agreement (if applicable)
- □ Constitution of the association (if applicable)
- □ Trust Deed (if applicable)
- □ Details of ownership and structure control (e.g. ownership chart³) (if applicable⁴)
- □ Specimen of Company Chop (if applicable)
- □ Certificate of incumbency issued within the last 6 months (if available)

Identity verification in respect of relevant individuals

- □ Valid Identity document (e.g. (i) for Hong Kong permanent residents: Hong Kong identity card, certificate of identity or document of identity; and (ii) for non-Hong Kong residents: passport, travel document<sup>5</sup>, national identity card (including a photograph) or national driving license (including a photograph)) of<sup>6</sup>:
  - Authorised Persons
  - Directors/Partners/Individuals exercising control of the partnership/association
  - Trustee(s), Settlor(s), Protector(s); Enforcer(s) and/or Beneficiary(ies)
  - Beneficial Owners
- □ Proof of current residential address (and of permanent address, if different from residential address)<sup>7</sup> for each:
  - Authorised Persons
  - Directors/Partners/Individuals exercising control of the partnership/association

<sup>&</sup>lt;sup>3</sup> At a minimum, the chart should include the relevant entities' name, place of incorporation and, where applicable, the rational behind the particular structure employed.

Identification of the beneficial owner of the Client is not required where Huatai is establishing a business relationship with a Client to whom simplified due diligence may be applied (as specified in section 15 of Schedule 2 to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance (Cap. 615)).

The following documents constitute travel documents for the purpose of identity verification: (a) Permanent Resident Identity Card of Macau Special Administrative Region; (b) Mainland Travel Permit for Taiwan Residents; (c) Seaman's Identity Document (issued under and in accordance with the International Labour Organisation Convention/Seafarers Identity Document Convention 1958); (d) Taiwan Travel Permit for Mainland Residents; (e) Permit for residents of Macau issued by Director of Immigration; (f) Exit-entry Permit for Travelling to and from Hong Kong and Macau for Official Purposes; and (g) Exit-entry Permit for Travelling to and from Hong Kong and Macau.

<sup>6</sup> Huatai should retain a copy of the "biodata" page which contains the bearer's photograph and biographical details.

Methods for verifying residential addresses may include obtaining: (a) a utility bill issued within the last 3 months; (b) a statement issued by an authorized institution, a licensed corporation or an authorized insurer within the last 3 months,

- Trustee(s), Settlor(s), Protector(s); Enforcer(s) and/or Beneficiary(ies)
- Beneficial Owners
- □ Employer's consent letter

### Other verifications

□ Board Resolution(s)/written authority/power of attorney conferring power and authority to Authorised Persons to give instructions to Huatai on behalf of the Client