



Unit 13-15, 11/F., China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Hong Kong

Licensed Corporation with Securities and Future Commission ("SFC") (CE No.AMB404),

Exchange Participant of the Stock Exchange of Hong Kong Ltd and licensed to carry on Type 1 (Dealing in Securities) and Type 2 (Dealing in Futures Contracts)

Customer Service Hotline : +852 3150 7728 (Hong Kong) +86 755 8206 0899 (Mainland China) +853 8796 5888 (Macau) / Website: [www.wlsec.com](http://www.wlsec.com)

## Account Opening Form – Corporate/Partnership/Trust/Association/Other Entities

**For internal Use Only**

<b>ACN:</b>		<b>Date:</b>
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Before you complete this Account Opening Form, please read the Terms and Conditions of the Client Securities Account Agreement (the **"Terms and Conditions"**). Upon Well Link Securities Limited (hereinafter referred to as "WLSL") 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 WLSL's relationship with you in respect of the Account(s) and the Service(s). Your signature on the Acknowledgment and Declaration page of this Account Opening Form evidences your acceptance of the terms in the Documents and Service Charges or Fees Schedule. 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.

### 1. Client Details

<b>Name of Company/ Partnership/ Trust/ Association/Other Entities (in English):</b>			
<b>Name of Company/ Partnership/ Trust/ Association/Other Entities (in Chinese):</b>			
<b>Trading Name (if different from above)</b>			
<b>Nature of Entity:</b>	<input type="checkbox"/> <b>Corporate</b> (For Listed Company: please specify the Stock Exchange: .....) <input type="checkbox"/> <b>Partnership</b> (Please specify the Type of Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited) <input type="checkbox"/> <b>Trust</b> (Please specify, the Type of Trust: .....) <div style="padding-left: 100px;">the Governing law of Trust: .....</div> <input type="checkbox"/> <b>Association</b> (Please specify, the Type of Association: .....) <input type="checkbox"/> <b>Other Entities</b> (Please specify: .....) 		
<b>Country of Incorporation /Establishment:</b>		<b>Date of Incorporation /Establishment:</b>	
<b>Incorporation No. (if applicable)</b>		<b>Years in the Business:</b>	
<b>Share Capital (if applicable):</b>	Issued:	Authorised:	
<b>Country of Registration:</b>		<b>Date of Registration:</b>	
<b>Business Registration No.:</b>		<b>Nature of Business:</b>	
<b>Regulated Status (if applicable):</b>		<b>Regulated Entity No. (if applicable):</b>	
<b>Registered Office Address:</b>			
<b>Principal Place of Business:</b>			
<b>Mailing Address (if different from above)</b>			
<b>Mobile Phone No.:</b> (   )	<b>Office Phone No.:</b> (   )		
<b>Contact Person(s):</b>	1	<b>Name in English</b>	<b>Name in Chinese:</b>
		<b>Telephone No.:</b>	<b>Office Email Address:</b>
	2	<b>Name in English</b>	<b>Name in Chinese:</b>
		<b>Telephone No.:</b>	<b>Office Email Address:</b>
	3	<b>Name in English</b>	<b>Name in Chinese:</b>
		<b>Telephone No.:</b>	<b>Office Email Address:</b>
<b>Correspondence Email:</b> .....			

(Please note that unless otherwise instructed by you, WLSL will send you combined statements, monthly statements and contract notes by e-statements only through the stated e-mail address, a monthly fee of HKD50 per month will be charged if sent by post to  Registered Office Address  Principal Place of Business in Hong Kong.) (Please tick one if required)

Are any shares held in the Client held in bearer form?  No  Yes, please provide details:  
 .....

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

**Sources of Funds:**  Shareholders/Guarantors  Revenue from operating business  
 Others (please specify): .....

**Origin of Funds:**  Hong Kong  Mainland China  Macau  
 Others (Please specify): .....

**2. Account Type**

**Account Type**  
 (Please tick the services required)

Securities Trading Services  Margin Trading Services #  
 Futures / Options Contracts Trading Services  Electronic Trading Services  
 Other: .....

\* I confirm that I/and all the authorised persons are aged 70 or below.

**Anticipated level of activity**

Low/infrequent  Highly active/frequent  Moderately active/frequent

**3. Process Agent**

The Client hereby appoints ..... as its agent for the service of process, at its registered office in Hong Kong for the time being, being at the date hereof at.....  
 ..... to act as its agent to accept service of any legal process in Hong Kong on its behalf.

**4. Client Bank Account Details**

Unless otherwise instructed by the Client, all monies payable to the Client are to be credited to below Client's (Hong Kong) Designated Bank Account\*

Region	Currency	Bank Name	A/C Number	Account Holder
<input type="checkbox"/> Hong Kong	<input type="checkbox"/> HKD			
<input type="checkbox"/> United States	<input type="checkbox"/> USD			
<input type="checkbox"/> China	<input type="checkbox"/> CNY			

Bank/Branch Address: .....

Branch Code: ..... SWIFT Code: .....

\*Bank Account Holder's Name (the name(s) show on bank statements and this form should match). If the Bank Account is outside Hong Kong, please state the address, location and SWIFT code (if applicable) of the Bank.

## 5. Details and Specimen Signature of Authorised Persons

The Account may be operated by the Authorised Person(s) named below (whose specimen signature(s) is/are set out in the Client's certified Board Resolutions), in accordance with the signing agreements and operating arrangements set out in such certified Board Resolutions. **Please attach additional details to this form, to the extent necessary (e.g. Board Resolution or written authority similar to a board resolution.)**

### (i) Individuals

Given Name:		Surname:		Chinese Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (dd/mm/yyyy):		Nationality:	
Place of Birth:		Country of Residence:		Identity Document Type:	
Identity Document No.:		Identity Document Expiration Date:		Email:	
Current Residential Address:					
Permanent Address (if different from above):					
Other Address (e.g. Office):					
Mobile Phone No.: (    )			Office Phone No.:(    )		
Relationship with Client:			Politically Exposed Person: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specimen Signature:			<input type="checkbox"/> Referring Signature to Board Resolution		
Instruction Type (please choose one or more):					
<input type="checkbox"/> Dealing/Trading Instructions <input type="checkbox"/> Operational/Settlement Instructions <input type="checkbox"/> 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.:	Country of Incorporation (if applicable):
Date of incorporation/establishment:	Type of Partnership (if applicable): <input type="checkbox"/> General <input type="checkbox"/> Limited
Type of Trust (if applicable):	Regulated Status (if applicable):
Governing law of Trust (if applicable):	Regulated Entity No. (if applicable):
Name and Country of Regulatory Authority (if applicable):	
Mobile Phone No.: (    )	Office Phone No.:(    )
Email:	Relationship with Client:
Instruction Type (please choose one or more):	
<input type="checkbox"/> Dealing/Trading Instructions <input type="checkbox"/> Operational/Settlement Instructions <input type="checkbox"/> Other, please specify: .....	

## 6. Information on the Company, Partnership, Association or Entity (Except Trust)

Please fill in the following details for each: (i) director; (ii) partner; and/or (iii) individual who exercises control over the management of the Company/ Partnership / Association / Entity. Please attach additional details to this form, to the extent necessary.

<b>Given Name:</b>		<b>Surname:</b>		<b>Chinese Name:</b>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth (dd/mm/yyyy):</b>		<b>Nationality:</b>	
<b>Place of Birth:</b>		<b>Country of Residence:</b>		<b>Identity Document Type:</b>	
<b>Identity Document No.:</b>			<b>Identity Document Expiration Date:</b>		
<b>Current Residential Address:</b>					
<b>Permanent Address (if different from above):</b>					
<b>Other Address (e.g. Office):</b>					
<b>Mobile Phone No.:</b> ( )			<b>Office Phone No.:</b> ( )		
<b>Email:</b>			<b>Relationship with Client:</b>		

<b>Given Name:</b>		<b>Surname:</b>		<b>Chinese Name:</b>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth (dd/mm/yyyy):</b>		<b>Nationality:</b>	
<b>Place of Birth:</b>		<b>Country of Residence:</b>		<b>Identity Document Type:</b>	
<b>Identity Document No.:</b>			<b>Identity Document Expiration Date:</b>		
<b>Current Residential Address:</b>					
<b>Permanent Address (if different from above):</b>					
<b>Other Address (e.g. Office):</b>					
<b>Mobile Phone No.:</b> ( )			<b>Office Phone No.:</b> ( )		
<b>Email:</b>			<b>Relationship with Client:</b>		

<b>Given Name:</b>		<b>Surname:</b>		<b>Chinese Name:</b>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth (dd/mm/yyyy):</b>		<b>Nationality:</b>	
<b>Place of Birth:</b>		<b>Country of Residence:</b>		<b>Identity Document Type:</b>	
<b>Identity Document No.:</b>			<b>Identity Document Expiration Date:</b>		
<b>Current Residential Address:</b>					
<b>Permanent Address (if different from above):</b>					
<b>Other Address (e.g. Office):</b>					
<b>Mobile Phone No.:</b> ( )			<b>Office Phone No.:</b> ( )		
<b>Email:</b>			<b>Relationship with Client:</b>		

**7. Information on Trust**

Please fill in the following details for each: (i) trustee; (ii) settlor; (iii) protector; (iv) enforcer; and/or (iv) beneficiary. Please attach additional details to this form, to the extent necessary.

**(a) For individuals**

<b>Given Name:</b>		<b>Surname:</b>	<b>Chinese Name:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth (dd/mm/yyyy):</b>	<b>Nationality:</b>
<b>Place of Birth:</b>		<b>Country of Residence:</b>	<b>Identity Document Type:</b>
<b>Identity Document No.:</b>		<b>Identity Document Expiration Date:</b>	
<b>Current Residential Address:</b>			
<b>Permanent Address (if different from above):</b>			
<b>Other Address (e.g. Office):</b>			
<b>Mobile Phone No.:</b> ( )		<b>Office Phone No.:</b> ( )	
<b>Email:</b>		<b>Relationship with Client:</b>	
<b>Politically Exposed Person:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**(b) For non-natural persons (e.g. companies/trusts, etc.)**

<b>Name of Company/Partnership/Trust/Association:</b>	
<b>Registered Office Address (if applicable):</b>	
<b>Business Address in Hong Kong (if applicable):</b>	
<b>Company Registration No.:</b>	<b>Country of Incorporation (if applicable):</b>
<b>Date of incorporation/establishment:</b>	<b>Type of Partnership (if applicable):</b> <input type="checkbox"/> General <input type="checkbox"/> Limited
<b>Name and Country of Regulatory Authority (if applicable):</b>	
<b>Mobile Phone No.:</b> ( )	<b>Office Phone No.:</b> ( )
<b>Email:</b>	<b>Relationship with Client:</b>
<b>Instruction Type (please choose one or more):</b> <input type="checkbox"/> Dealing/Trading Instructions <input type="checkbox"/> Operational/Settlement Instructions <input type="checkbox"/> Other, please specify: .....	

**8. Beneficial Owners<sup>1</sup> (if applicable)<sup>2</sup>**

Please fill in the following details for each Beneficial Owner. Where the owner is another legal person or trust, details of the individuals behind that legal person should be provided ( e.g. Organisation Chart ). Please attach additional details to this form, to the extent necessary.

<b>Given Name:</b>		<b>Surname:</b>		<b>Chinese Name:</b>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth (dd/mm/yyyy):</b>		<b>Nationality:</b>	
<b>Place of Birth:</b>		<b>Country of Residence:</b>		<b>Identity Document Type:</b>	
<b>Identity Document No.:</b>			<b>Identity Document Expiration Date:</b>		
<b>Current Residential Address:</b>					
<b>Postcode (if applicable):</b>					
<b>Permanent Address (if different from above):</b>					
<b>Other Address (e.g. Office):</b>					
<b>Mobile Phone No.:</b> ( )			<b>Office Phone No.:</b> ( )		
<b>Email:</b>			<b>Relationship with Client:</b>		
<b>Politically Exposed Person:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>Given Name:</b>		<b>Surname:</b>		<b>Chinese Name:</b>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth (dd/mm/yyyy):</b>		<b>Nationality:</b>	
<b>Place of Birth:</b>		<b>Country of Residence:</b>		<b>Identity Document Type:</b>	
<b>Identity Document No.:</b>			<b>Identity Document Expiration Date:</b>		
<b>Current Residential Address:</b>					
<b>Postcode (if applicable):</b>					
<b>Permanent Address (if different from above):</b>					
<b>Other Address (e.g. Office):</b>					
<b>Mobile Phone No.:</b> ( )			<b>Office Phone No.:</b> ( )		
<b>Email:</b>			<b>Relationship with Client:</b>		
<b>Politically Exposed Person:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

1. Where applicable, WLSL 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.

(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.)

2. Identification of the beneficial owner of the Client is not required where WLSL 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)).

**9. Disclosure**

**(a) Is the Client acting as an agent for any one or more third parties?**

No

Yes. If Yes, please provide details (attach additional information where necessary): .....

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**(b) Does the Client, any director or partner of the Client, any Beneficial Owner and/or any Authorised Person have any relationship with any director(s) or employee(s) of Well Link Securities Limited or any of its Associates (including but not limited to the Well Link Financial Group)?**

No

Yes. If Yes, please provide details:

Name of Entity	Name of Employee/Director/AE	Title/Department	Relationship

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**(c) Does the Client, any director or partner of the Client, any Beneficial Owner and/or any Authorised Person have any other Accounts with WLSL or any of its Associates (including but not limited to the Well Link Financial Group)? Please include Accounts operated/owned by associates of the Client, as well as Accounts operated on the Client's behalf by other persons**

No

Yes. If Yes, please provide details:

Name of Account	Name of Entity	Account Number	Account Type	Credit Limit and Outstanding Amount ( if any )

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**(d) Is any director or partner of the Client, any Beneficial Owner and/or any Authorised Person a licensed or registered person, or a director or an employee of any licensed corporation or registered institution licensed or registered with the Securities and Futures Commission in Hong Kong?**

No

Yes. If Yes, please provide details: .....  
( If Yes, please also provide a consent 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 of WLSL or any of its Associates (including but not limited to the Well Link Financial Group)?**

No

Yes. If Yes, please provide details:

Name of Entity	Name of Employee/Director/Account Executive	Title/Department

**(f) Is the Client, any director or partner of the Client, any Beneficial Owner and/or any Authorised Person an "insider" of a public company?**

- No  
 Yes

As person is considered to be an "insider" if within the last six months it is an affiliate of a Public Company or one of its directors, officers or employees (or his or her spouse, child, parent or sibling) is, or has been in the past six months, any of the following:

- i. a director, officer, employee or a substantial shareholder holding at least 5% interest (or, if the applicable laws prescribe a lower percentage as the threshold for being a substantial shareholder or equivalent, such lower percentage), of a company listed on an exchange or quoted in a market or its listed affiliate (each a "Public Company") or an affiliate of a Public Company;
- ii. in a position which may reasonably be expected to give him / her access to material non-public information in relation to a Public Company; or
- iii. in a position to make managerial decisions affecting the future development and business prospects of a Public Company.

If so, please provide details for each Public Company as follows:

Name of Public Company / Companies	Relevant Exchange / Market	Details of connection with the Public Company	Shareholding %

**(g) Has any director or partner of the Client, any Beneficial Owner and/or any Authorised Person ever been bankrupt, been serviced with a bankruptcy petition, or undergone any other similar procedure during the last 7 years?**

- No     Yes. If Yes, please provide details: .....

**(h) Has the Client undergone any restructuring during the last 7 years, or been served with a winding-up petition, or had a receiver, administrator or liquidator appointed to manage its affairs?**

- No     Yes. If Yes, please provide details: .....

**(i) Please provide details of any litigation or proceedings in which the Client has been engaged in the last three (3) years or any proceedings pending or threatened against the Client.**

.....  
 ...

**(j) Liquidity:**

**Does the Client have the means to make regular contributions and meet extra collateral requirements, where appropriate?**

- Yes     No

**Does the Client depend on having liquid assets/cash to meet any current or anticipated payment requirements or needs?**

- Yes     No

**What is the amount of cash the Client needs to set aside to meet liquidity and emergency needs?**

Please specify (HKD): .....

**(k) Percentage of Investable/Liquid Assets**

**What is the percentage of the Client's assets (excluding real estate property for own use) currently held in investment products where the value can fluctuate?**

- < 25%     25% - 49%     50% - 75%     > 75%

**What is the percentage of investable/liquid asset that will be invested using WLSL's services (this percentage should only represent risk capital)?**

- < 25%     25% - 49%     50% - 75%     > 75%



**10. Client's Financial Information (HKD)**

<b>(a) Annual Net Profit After Tax</b>	
(i) Amount: _____	for fiscal year ending _____
(ii) Amount: _____	for fiscal year ending _____
<b>(b) Total Net Worth and Liabilities</b>	
(i) Total Net Worth: _____	
(ii) Total Liabilities: _____	
<b>(c) Does the Client own any property / real estate?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the following details for each property:	
<b>(i) Residential Properties:</b>	
Address: _____	
Residence:	
<input type="checkbox"/> Owned (No mortgage)	
<input type="checkbox"/> Mortgaged	
Lender: _____	
Monthly Installment (HKD): _____	
Balance / Overdraft Limit (HKD): _____	
<input type="checkbox"/> Rented. If Property is Rented, Monthly Rental (HKD): _____	
<b>(ii) Properties other than Residential Properties</b>	
Address: _____	
Residence:	
<input type="checkbox"/> Owned (No mortgage)	
<input type="checkbox"/> Mortgaged	
Lender: _____	
Monthly Installment (HKD): _____	
Balance / Overdraft Limit (HKD): _____	
<input type="checkbox"/> Rented. If Property is Rented, Monthly Rental (HKD): _____	
<b>(d) Net Worth Distribution</b>	
Properties:	[            ]%
Cash:	[            ]%
Securities / Vanilla Products:	[            ]%
Structured Products:	[            ]%
Others:	[            ]% Please specify: _____

## 11. Client's Investment Profile and Knowledge of Derivatives Products

(a) Investment Experience		Frequency of trade per year		
		Uninvolved	<40times	>40times
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Debentures / Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Virtual Assets or its related Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leverage Foreign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Precious Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Futures/Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Derivative Products (e.g. warrants, CBBCs, ETFs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

  

	Estimated aggregate product investment (past and present) (HKD)			
	Uninvolved	<8,000,000	8,000,000-30,000,000	>30,000,000
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debentures / Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual Assets or its related Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leverage Foreign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precious Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futures/Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Derivative Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investment Experience (Years)     Nil                       Less than 1 years                       1-5 years  
 6-10 years                       Over 10 Years

Investment Experience (Markets):     Hong Kong     Mainland     United States of America     Others:.....

**(b) Investment Horizon**  
 Short Term (less than 6 months)                       Medium Term (6-24 months)                       Long Term (over 2 years)

**(c) Investment Objective**  
 Aggressive Capital Growth (to generate aggressive growth of capital with no need for regular income generation, and willing to have exposure to the highest risk)  
 Capital Appreciation (to generate capital growth over time, with no need for regular income generation)  
 Growth and Income (to seek a balance in capital growth and regular income generation)  
 Capital Preservation (to primarily preserve capital, with some regular income generation as secondary consideration)  
 Income (to primarily seek regular income generation with some capital growth 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 volatility and little loss of capital with low return)  
 Moderate Growth (able to tolerate reasonable volatility and accept some loss of capital with reasonable return)  
 High (able to tolerate high volatility and total or substantial loss of capital in order to maximize return)

**(e) Client's Knowledge of Derivatives Products Assessment:**  
(1) The Client underwent training or attended courses on derivative products; and/or  
(2) The Client has current or previous work experience related to derivative products; and/or.  
(3) The Client has executed five or more transactions within the past three years in derivative products, e.g. Derivative Warrants, Callable Bull/Bear Contracts, Stock Options, Futures & Options, Commodities, Structured Products & Exchange Traded Funds, etc.

I/we (Client) have the above experience and/or knowledge on derivative product(s).

**OR**

I/we (Client) do not have experience and/or knowledge on derivative product(s), but I/we (Client) confirm that I/we (Client) fully read, agreed and understood the relevant risks of the derivative product(s). I/we understand that I/we have to acquire enough understanding on derivative product(s) before trading them and I/we fully accept all relevant risks.

### 13. Acknowledgment and Declaration

<b>Declarations by Client</b> The information contained in this Client Information Form is true and accurate. Well Link Securities Limited (hereinafter referred to as "WLSL") is entitled to rely fully on such information and representations for applicable purposes (including any change hereof in writing as received by WLSL). WLSL is authorized at any time to contact anyone, including my banks, brokers or any credit agency, for the purpose of verifying the information provide on this Client Information Form. We hereby waive the right to the interest generated from cash deposited into the account. I/we the undersigned Client(s), confirm that prior to usage of any of WLSL service(s), have read, understood and agree to bound by all the relevant terms and conditions stated in the provisions of the current version of the relevant Client Agreement of WLSL including Client Securities Account Agreement and/or Client Futures Account Agreement (" Agreement") and acknowledge receipt of a copy. This document forms part of relevant Agreement(s). I/we hereby apply to open the account(s) that we prefer which indicated a tick in the box(s) in the " Account Type" cell and agree to be bound by the Agreement(s) including its General Terms and Conditions and all relevant Schedule(s) as the same may be amended from time to time. I/we acknowledge and confirm that WLSL has provided me/us with the Service Charges or Fees Schedule and the Risk Disclosure Statement annexed hereto in a language of my/our choice (Chinese/English) and I/we have been invited to read the Risk Disclosure Statement, to ask questions and take independent advice if we wish.	
<b>Signed:</b>     Director/Partner/Trustee/Officer/Authorized Person(s) (delete where necessary) (for and on behalf of the Client)	<b>Signed:</b>     Director/Company Secretary/Partner/Trustee/Officer/Authorized Person(s) (delete where necessary) (for and on behalf of the Client)
<b>Name:</b>	<b>Name:</b>
<b>Date:</b>	<b>Date:</b>
<b>Specimen of Client chop or seal</b>	
<b>Certifier Declaration</b> <input type="checkbox"/> I have witnessed the client named above signing this form. I have examined the originals of all the supporting documents and the copy documents attached are true and correct copies of the original documents examined <b>AND INITIALED</b> by me.	
<b>Signed:</b>     Witness of Signatures (SFC Licensed Persons / Notary Public / Justice of the Peace / Practicing Certified Public Accountant / Practicing Chartered Account/ CFA / Practicing Lawyer / Medical Doctor / Dentist / Chartered or Certified or Registered Engineer / Practicing Chartered Secretary / Bank Manager ) (delete where necessary)	
<b>Full Name:</b>	<b>Registration No. of Profession:</b>
<b>Address:</b>	

<b>For Internal Use Only</b>	
<b>Declaration by Licensed person</b> The Undersigned Licensed person of WLSL confirms that the Client has been provided with the Risk Disclosure Statements in a language of the Client's choice and has invited the Client to read the same, ask questions and take independent advice (if the Client wishes).  <b>Signed:</b> ..... <b>Full Name of Licensed person:</b> ..... <b>CE No.</b> .....	
<b>Verified by (Full Name):</b> ..... <b>Position:</b> ..... <b>Signed:</b> .....	<b>Remark:</b>   <b>Date:</b> .....
<b>Approved by (Full Name):</b> ..... <b>Position:</b> ..... <b>Signed:</b> .....	<b>Remark:</b>   <b>Date:</b> .....