

國元證券經紀(香港)有限公司(Hereinafter "Guoyuan")  
Guoyuan Securities Brokerage (Hong Kong) Limited

國元證券(香港)有限公司全資附屬公司  
A wholly owned subsidiary of Guoyuan Securities (Hong Kong) Limited

Account Number :

22<sup>nd</sup> Floor, CCB Tower,  
3 Connaught Road Central, Central,  
Hong Kong

Telephone : (852) 3769 6828

Facsimile : (852) 3769 6999

SFC Central Entity Number : AOA594

SEHK Participant ID : 01825

FATCA GIIN : 397FZN.00001.ME.344

### CASH CLIENT'S SECURITIES

### ACCOUNT OPENING INFORMATION FORM --- CORPORATE ACCOUNT

Due to regulatory requirement, please fill the true information (Please tick "✓" the appropriate field, # Delete whichever inapplicable)

<b>Company Information ("Client")</b>					
Company Name (English) :					
Company Name (Chinese) :					
Account Name (If different from above) :					
Business Nature :					
Place of Incorporation / Establishment# :				Date of Incorporation / Establishment # :	
Hong Kong Business Registration No.# :				Incorporation Number :	
Registered / Office Address : (Please see Appendix for the address proof requirement.)					
Correspondence Address :					
Mobile Phone Number :			Office Phone Number :		
Email address :			Facsimile Number :		
Open an Internet Trading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Delivery of Statement :	<input type="checkbox"/> Email	<input type="checkbox"/> Correspondence Address
Do any of Client's shareholder, directors, partners, authorized person(s), the person(s) ultimately responsible for giving instructions for the Account or the ultimate beneficial owner(s) of the Account ("Relevant Person(s)") are entrusted with prominent public functions, such as senior political or 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?				<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify :
Do any of the Client's shareholders, directors, partners, authorized person(s), the person(s) ultimately are responsible for giving instructions for the Account or the ultimate beneficial owner(s) of the Account ("Relevant Person(s)") has any relationship with the director(s) or employee(s) of Guoyuan or any of its subsidiaries?				<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify :
Do any of the Client's directors, shareholders or authorized persons, are licensed by or registered with Securities and Futures Commission or Hong Kong Monetary Authority? (If "yes", please provide employer's consent letter)				<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify :
Is the Client, licensed by or registered with Securities and Futures Commission or Hong Kong Monetary Authority?				<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify :

Paid up Capital : \$	Source of wealth :
Annual Profit :	Source of funds :
Estimated Total Assets :	Estimated Total Liabilities :

**Receiving Bank Account (1)**

Bank Name :	<input type="checkbox"/> HKD	<input type="checkbox"/> USD	<input type="checkbox"/> RMB	<input type="checkbox"/> OTHERS _____
Bank Account Name & Number :				

**Receiving Bank Account (2)**

Bank Name :	<input type="checkbox"/> HKD	<input type="checkbox"/> USD	<input type="checkbox"/> RMB	<input type="checkbox"/> OTHERS _____
Bank Account Name & Number :				

Is this Account is the ultimate beneficial owner of the Account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If "No", please provide the information :

English Name (Surname First) :		中文姓名 : (Mr./Ms.)	
Date of Birth :	Place of birth :	Nationality :	Other Nationality (if any):
Type of ID :	Document Number : (Please attach copy)		
Residential Address :			
Mobile Phone Number :		Residential Phone Number :	
Personal email :			
Name of Employer :			
Business Nature :		Position :	
Office Address :			
			Office Phone :
Do you are entrusted with prominent public functions, such as senior political or 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?			<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify :
Do you are a SFC licensed or HKMA registered person? (If you are a SFC licensed or HKMA registered person, please provide consent letter from the employer.)		<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide CE number :	
Do you relates to any employee or director of Guoyuan Securities (Hong Kong) Limited and it's subsidiaries?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Name : _____ Relationship : _____	
Relationship to Account Holder :			

The following individuals is authorized on behalf of the Client to give written Payment Instruction:

Name	Nationality	Place of birth	ID Card/ Passport No. and issuing country	Contact Phone	Signature Specimen

**Any \_\_\_\_\_ of total \_\_\_\_\_ signature(s) # together with Company chop shall be valid**

The following individuals is authorized on behalf of the Client to give verbal or written Trading Instructions :

Name	Nationality	Place of birth	ID Card/ Passport No. and issuing country	Contact Phone	Signature Specimen

**Any \_\_\_\_\_ of total \_\_\_\_\_ signature(s) # together with Company chop shall be valid**

Specimen of Company Chop :

Investment Experience	
Equities : <input type="checkbox"/> Nil <input type="checkbox"/> Yes(____ Years)	Foreign Exchange/ Gold : <input type="checkbox"/> Nil <input type="checkbox"/> Yes(____ Years)
Bonds/Funds : <input type="checkbox"/> Nil <input type="checkbox"/> Yes(____ Years)	Other (Please specify) : _____ (____ Years)
Investment Goals	a) Investment Plan : <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long b) Risk Tolerance Level : <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Investment Objective :	<input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Dividend Yield <input type="checkbox"/> Hedging <input type="checkbox"/> Speculation <input type="checkbox"/> Others, Please Specify : _____
Client knowledge on derivative products :	
(a) Did Client undergone training or attended courses that provide general knowledge of the nature and risk of derivatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Did Client currently or previously working in related to derivative products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Did Client execute five or more transactions in derivative products within the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If client do not have any of the above knowledge and experience, the client will be characterized as without knowledge of derivatives products. Before trading in derivatives products, the attention of client must be drawn to the risks associated with derivatives products, as described in "Risk Disclosure Statements --- Derivative Products".</i>	

Supporting Documents *	
Registered in Hong Kong	Registered in Overseas
1. Certificate of Incorporation ; 2. Memorandum and Articles of Association ; 3. Business Registration Certificate ; 4. Shareholder and Director List ; 5. Latest Annual Return and subsequent form(s) filed with the Hong Kong Companies Registry ( <i>Being certified by a company registry or a professional third party ;</i> 6. Board Resolution authorizing the execution of this Account Opening Information Form, the Cash Client's Agreement and the relevant documents ; 7. ID and address proof copy of all Shareholder, Director and Authorized Person ; 8. ID copy of Ultimate Beneficiaries and the residential address proof (and permanent address, if different) ; 9. Office or Correspondence Address Proof (within the last 3 months) ; 10. Details of the ownership and structure control of the company (e.g. An ownership chart).	1. Certificate of Incorporation ; 2. Memorandum and Articles of Association ; 3. Shareholder and Director List ; 4. Board Resolution authorizing the execution of this Account Opening Information Form, the Cash Client's Agreement and the relevant documents ; 5. ID and address proof copy of all Shareholder, Director and Authorized Person ; 6. ID copy of Ultimate Beneficiaries and the residential address proof (and permanent address, if different) ; 7. Certificate of Incumbency (issued in the last 6 months) ( <i>Being certified by a company registry or a professional third party ;</i> 8. Office or Correspondence Address Proof (within the last 3 months) ; 9. Details of the ownership and structure control of the company (e.g. An ownership chart).
<b><i>Remark: Unless specified otherwise, the above documents copy must be certified true by the professional person such as a notary public, branch manager of a FATF bank, lawyer, certified public accountant, or Justice of Peace. The above documents can also be certified by the designated staff at our Office upon presentation of the originals.</i></b>	

**Client Confirmation**

- 1 We confirm that the information which we provide in this **Cash Client’s Securities Account Opening Information Form** is true, correct and complete in all respects. You are entitled to rely fully on such information for all purposes, unless you receive notice in writing of any change therein.
- 2 We understand and received the terms and conditions stated in **Cash Client’s Securities Agreement** including terms under Consent To Trade Securities On Internet, Overseas Securities Trading Authorization Letter, the Content about the Foreign Account Tax Compliance Act (“FATCA”) of the United States of America, Bonds Trading Authorization Letter, Risk Disclosure Statements, Risk Disclosure Statements – Derivative Products, and Personal Information Statement (if applicable), accept and agree to be bounded by them.
- 3 We acknowledge that we have carefully read and fully understand the content of “**Risk Disclosure Statements – Derivative Products**”. If we decide to trade the Derivatives Products, we agree to bear the risks involved. We confirm that we shall make our own risk assessment, or seek independent professional advice, and the we have sufficient net worth to be able to assume the risks and bear the potential losses before trading the Derivatives Products, we understand that Guoyuan does not encourage the clients to trade the Derivatives Products if they do not have any knowledge or experience trading to the Derivatives Products.
- 4 We acknowledge and confirm that the **Risk Disclosure Statements** were provided to us in the language of our choice.
- 5 We were invited to read the **Risk Disclosure Statements** carefully, to ask questions and take independent advice if we wish.
- 6 We understand that if the required information and the supporting documents\* are not fully completed or submitted, Guoyuan may delay the opening of the account.



\_\_\_\_\_  
Signature of Director / Authorized Person (With Company’s Chop) \_\_\_\_\_  
Date

**Self-Declaration about Foreign Account Tax Compliance Act (“FATCA”) of the United States of America matters :**

- We are **NOT** a U.S. Nationality / Permanent Resident / Other U.S. Person / or US taxpayer.
- We are U.S. Nationality / Permanent Resident / Other U.S. Person / or US taxpayer.

If Client are U.S. Nationality / Permanent Resident / Other U.S. Person / or US taxpayer., please provide Taxpayer Identification Number (TIN)

TIN : \_\_\_\_\_

- 1 We confirm that the information which we provide in this **FATCA Declaration** is true, correct and complete in all respects.
- 2 If there is any change in the above information, we agree that we will inform and submit a new declaration to Guoyuan (HK) within 30 days from the date of change.
- 3 Should there be any false statements or/and delay to inform Guoyuan for any changes from me, making Guoyuan sued for any damages including Guoyuan’s own asset and other assets held on behalf of it’s clients by the U.S. authorities. We are willing to undertake all the lost of Guoyuan.

Client Signature with agree and confirm :



\_\_\_\_\_  
Signature of Director / Authorized Person (With Company’s Chop) \_\_\_\_\_  
Date

To: Guoyuan Securities Brokerage (Hong Kong) Limited (“Guoyuan”)  
22/F CCB Tower, 3 Connaught Road Central, Hong Kong

Account No.:

**Self-Certification Form – Entity**

**Important Notes:**

- This is a self-certification form provided by an account holder to a reporting Guoyuan for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting Guoyuan to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- An account holder should report all changes in its tax residency status to the reporting Guoyuan.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (\*) are required to be reported by the reporting Guoyuan to the Inland Revenue Department.

**Part 1 Identification of Entity Account Holder**

(For joint or multiple account holders, complete a separate form for each entity account holder.)

(1) Legal Name of Entity or Branch \* \_\_\_\_\_

(2) Jurisdiction of Incorporation or Organisation \_\_\_\_\_

(3) Hong Kong Business Registration Number \_\_\_\_\_

(4) Current Business Address \_\_\_\_\_

Line 1 (e.g. Suite, Floor, Building, Street, District) \_\_\_\_\_

Line 2 (City) \* \_\_\_\_\_

Line 3 (e.g. Province, State) \_\_\_\_\_

Country \* \_\_\_\_\_

Post Code/ZIP Code \_\_\_\_\_

(5) Mailing Address (Complete if different to the current business address)

Line 1 (e.g. Suite, Floor, Building, Street, District) \_\_\_\_\_

Line 2 (City) \_\_\_\_\_

Line 3 (e.g. Province, State) \_\_\_\_\_

Country \_\_\_\_\_

Post Code/ZIP Code \_\_\_\_\_

**Part 2 Entity Type**

Tick one of the appropriate boxes and provide the relevant information.

Financial Institution	<input type="checkbox"/> Custodial Institution, Depository Institution or Specified Insurance Company <input type="checkbox"/> Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity’s assets) and located in a non-participating jurisdiction
Active NFE	<input type="checkbox"/> NFE the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities <input type="checkbox"/> Active NFE other than the above (Please specify _____)
Passive NFE	<input type="checkbox"/> Investment entity that is managed by another financial institution and located in a non-participating jurisdiction <input type="checkbox"/> NFE that is not an active NFE

**Part 3 Controlling Persons (Complete this part if the entity account holder is a passive NFE)**

Indicate the name of all controlling person(s) of the account holder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official.

Complete Form IR1457 (Self-Certification Form – Controlling Person) for each controlling person.

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

**Part 4 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) \***

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the account holder is a **resident for tax purposes** and (b) the account holder’s TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence.

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Business Registration Number.

If the account holder is not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which its place of effective management is situated.

If a TIN is unavailable, provide the appropriate reason A, B or C:

**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 you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

**Part 5 Declarations and Signature**

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the Guoyuan 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 the Guoyuan 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 certify that I am authorized to sign for the account holder of all the account(s) to which this form relates.

I undertake to advise Guoyuan of any change in circumstances which affects the tax residency status of the entity identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Guoyuan with a suitably updated self-certification form within 30 days of such change in circumstances.

**I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Capacity \_\_\_\_\_ (e.g. director or officer of a company, partner of a

Date (dd/mm/yyyy) \_\_\_\_\_ partnership, trustee of a trust etc.)

**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).**

To : Guoyuan Securities Brokerage (Hong Kong) Limited ("Guoyuan")  
22/F CCB Tower, 3 Connaught Road Central, Hong Kong

Account Number :

### Self-Certification Form – Controlling Person

Important Notes :

- This is a self-certification form provided by a controlling person to a reporting to Guoyuan for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting Guoyuan to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- A controlling person should report all changes in his/her tax residency status reporting to Guoyuan.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (\*) are required to be reported by the reporting to Guoyuan to the Inland Revenue Department.

#### Part 1 Identification of Controlling Person

**(1) Name of Controlling Person**

Title (e.g. Mr., Mrs., Ms., Miss)

Last Name or Surname\*

First or Given Name\*

Middle Name(s)

**(2) Hong Kong/China Identity Card or Passport Number**

**(3) Current Residence Address**

Line 1 (e.g. : Suite, Floor, Building, Street, District)

Line 2 (City)\*

Line 3 (e.g. : Province, State)

Country\*

Post Code

**(4) Mailing Address (Complete if different to the current residence address)**

Line 1 (e.g. : Suite, Floor, Building, Street, District)

Line 2 (City)

Line 3 (e.g. : Province, State)

Country

Post Code

**(5) Date of Birth\* (dd/mm/yyyy)**

**(6) Place of Birth (Not compulsory)**

Town/City

Province/State

Country



**Part 2 The Entity Account Holder(s) of which you are a controlling person**

Enter the name of the entity account holder of which you are a controlling person.

Entity	Name of the Entity Account Holder
(1)	
(2)	
(3)	

**Part 3 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)\***

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the controlling person is a **resident for tax purposes** and (b) the controlling person’s TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) the jurisdictions of residence.

If the controlling person is a **tax resident of Hong Kong**, the TIN is the Hong Kong Identity Card Number.

If a TIN is unavailable, provide the appropriate reason A, B or C :

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

**Reason B** --- The controlling person is unable to obtain a TIN. Explain why the controlling person 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 controlling person is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

**Part 4 Type of Controlling Person**

Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2

Type of Entity	Type of Controlling Person	Entity(1)	Entity (2)	Entity (3)
Legal Person	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/ is entitled to exercise control through other means (i.e. not less than 25% of voting rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/ exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust	Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust	Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/ trustee/ protector/ beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 5 Declarations and Signature**

I acknowledge and agree that (i) the information contained in this form is collected and may be kept by Guoyuan for the purpose of automatic exchange of financial account information, and (ii) such information and information regarding the controlling person and any reportable account(s) may be reported by Guoyuan to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with tax authorities of another jurisdiction or jurisdictions in which the controlling person 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 certify that I am the controlling person / I am authorized to sign for the controlling person # of all the account(s) held by the entity account holder(s) to which this form relates.

I undertake to advise to Guoyuan of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide to Guoyuan with a suitably updated self-certification form within 30 days of such change in circumstances.

**I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Capacity \_\_\_\_\_


Date (dd/mm/yyyy) \_\_\_\_\_

Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.)

#Delete as appropriate

**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)**

Supporting Documents Checklist :			
Registered in Hong Kong		Registered in Overseas	
<input type="checkbox"/>	Certificate of Incorporation ;	<input type="checkbox"/>	Certificate of Incorporation ;
<input type="checkbox"/>	Memorandum and Articles of Association ;	<input type="checkbox"/>	Memorandum and Articles of Association ;
<input type="checkbox"/>	Business Registration Certificate ;		
<input type="checkbox"/>	Latest Annual Return and subsequent form(s) filed with the Hong Kong Companies Registry ( <i>Being certified by a company registry or a professional third party ;</i>	<input type="checkbox"/>	Certificate of Incumbency (issued in the last 6 months) ( <i>Being certified by a company registry or a professional third party ;</i>
<input type="checkbox"/>	Shareholder and Director List ;	<input type="checkbox"/>	Shareholder and Director List ;
<input type="checkbox"/>	Board Resolution authorizing the execution of this Account Opening Information Form, the Cash Client's Securities Agreement and the relevant documents ;	<input type="checkbox"/>	Board Resolution authorizing the execution of this Account Opening Information Form, the Cash Client's Securities Agreement and the relevant documents ;
<input type="checkbox"/>	ID and address proof copy of all Shareholder, Director and Authorized Person ;	<input type="checkbox"/>	ID and address proof copy of all Shareholder, Director and Authorized Person ;
<input type="checkbox"/>	ID copy of Ultimate Beneficiaries and the residential address proof (and permanent address, if different) ;	<input type="checkbox"/>	ID copy of Ultimate Beneficiaries and the residential address proof (and permanent address, if different) ;
<input type="checkbox"/>	Office or Correspondence Address Proof (within the last 3 months) ;	<input type="checkbox"/>	Office or Correspondence Address Proof (within the last 3 months) ;
<input type="checkbox"/>	Details of the ownership and structure control of the company (e.g. An ownership chart) ;	<input type="checkbox"/>	Details of the ownership and structure control of the company (e.g. An ownership chart) ;
<input type="checkbox"/>	Receiving Bank Account (if applicable) ;	<input type="checkbox"/>	Receiving Bank Account (if applicable) ;
<input type="checkbox"/>	Form W-8BEN-E (if applicable) ;	<input type="checkbox"/>	Form W-8BEN-E (if applicable) ;
<input type="checkbox"/>	Recent proof of income/asset (if applicable) ;	<input type="checkbox"/>	Recent proof of income/asset (if applicable) ;
<input type="checkbox"/>	Recent 3 month's transaction record (if applicable).	<input type="checkbox"/>	Recent 3 month's transaction record (if applicable).

Witness (Completed by Guoyuan specify appointed person or the professional person)#	
I hereby witness the signature(s) of the Client with the original ID card/passport and address proof.	
	
_____	_____
Signature by Witness	Date
Print Name :	
Professional /Capacity :	
Name of Employer :	Telephone :
<i># Professional Person can be the notary public/ branch manager of a FATF bank/ lawyer/ certified public account/ Justice of Peace.</i>	

**Declaration by the licensed representative of Guoyuan Securities Brokerage (Hong Kong) Limited**

I, undersigned and 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;
- 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 so wishes; and

\_\_\_\_\_  
Signature by Licensed Representative

\_\_\_\_\_  
Date

Name of Licensed Representative :

SFC CE Number :

**Inspection by Compliance Supervisor of Guoyuan Securities Brokerage (Hong Kong) Limited**

I undersign and declare that according to client's provided information, with the witness person certified true copy the original ID card/ passport and address proof, and Declaration by the licensed representative of Guoyuan Securities Brokerage (Hong Kong) Limited, has done multi-task of compliance inspection.

\_\_\_\_\_  
Signature by Compliance Supervisor

\_\_\_\_\_  
Date

Name of Compliance Supervisor :

**Acknowledge and Accept by Responsible Officer, For and on behalf of Guoyuan Securities Brokerage (Hong Kong) Limited**

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

\_\_\_\_\_  
Date

Name of Responsible Officer :

## BOARD RESOLUTIONS

We hereby certify that the following resolutions have been passed by the board of directors (“Board”) of \_\_\_\_\_ (“Company”) at a meeting of the Board duly convened and held at \_\_\_\_\_ (Location) on \_\_\_\_\_ (Date & Time) at which a quorum was present and acted throughout in accordance with the following resolutions have been duly passed in accordance with the constitution of the Company and have been duly recorded in the minute book of the Company and that no action have been taken to rescind or amend the said resolutions and that the same are now in full force and effect.

**IT WAS RESOLVED THAT:**

- 1) a securities trading **Cash** account trading account\* (“Account”) be opened and maintained in the name of the Company with Guoyuan Securities Brokerage (Hong Kong) Limited (“GYSB”) for the purpose of holding funds relating to any purchases, sales, holdings and other dealings in securities as the Company may instruct GYSB as its agent to effect from time to time on behalf of the Company and that the Account be maintained and all such purchases, sales, holdings and other dealings be effected subject to and in accordance with the provisions of terms and conditions stated therein the Agreement for Securities trading Account (“Agreement”) to be issued by GYSB to the Company in connection with the opening of the Account; and
- 2) the Account Opening Information Form and the Agreement (collectively, the “Account Opening Documents”) in such form as completed and produced to the meeting be and are hereby approved and any \_\_\_\_\_ director(s) / authorized person\* of the Company be authorized to sign any of the Account Opening Documents for and on behalf of the Company and the signed originals thereof be delivered to GYSB.
- 3) The Company authorize any of the following individual(s)(the “Authorized Persons”) to give oral and/or written instruction(s) to GYSB in relation to (i) the operation of the account(s) maintained by the Company with GYSB and (ii) to effect purchases, sales, holdings and other dealings in securities. Any instruction(s) given by the Authorized Persons shall be absolutely binding on the Company. GYSB shall have no obligation whatsoever to inquire about or confirm the authority of the Authorized Persons in giving any instructions. The Company accept full responsibility for all oral and/or written instruction(s) given by the Authorized Persons on the Company’s behalf.”

Specimen signature(s) to effect securities transactions:
Name : Title : Authorized Signature :
Name : Title : Authorized Signature :
Name : Title : Authorized Signature :
Name : Title : Authorized Signature :
Signing authority Any _____ of the above may sign and effect securities transaction(s).

Specimen signature(s) for 1) account Opening and / or 2) to effect payment, withdrawal and/or fund transfer transactions*:
Name : Title : Authorized Signature :
Name : Title : Authorized Signature :
Name : Title : Authorized Signature :
Name : Title : Authorized Signature :
Signing authority Any _____ of the above may sign and effect payment withdrawal and/or fund transfer transaction(s).

Duly authorized for and on behalf of

\_\_\_\_\_  
Date:

\*Delete if inapplicable