

FUTURES CLIENT'S ACCOUNT OPENING INFORMATION FORM: **Individual** **Joint**

MARKET TRADE TYPE: **Hong Kong** **Global** **All Market**

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

Individual / Primary Joint Account Holder Information			
Name in English (Surname First):		中文姓名: (Mr./Ms.)	
Date of Birth:	Place of Birth:	Nationality:	Other Nationality (if any):
Type of ID:		ID Number:	
Residential Address: (Please see Appendix for the address proof requirement.)			
Correspondence Address (If different as above) :			
<input type="checkbox"/> Self Owned <input type="checkbox"/> Rental (Private) <input type="checkbox"/> Rental (Public) <input type="checkbox"/> Quarters			
Mobile Phone Number:		Residential Phone Number:	
Email Address:		Facsimile Number:	
Name of Employer:			
Business Nature:		Position:	
Office Address:			
		Office Phone:	
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 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: _____	

Investment Objective & Experience

Equities:	<input type="checkbox"/> Nil	<input type="checkbox"/> Yes(____ Years)	Futures/Options:	<input type="checkbox"/> Nil	<input type="checkbox"/> Yes(____ Years)
Bonds/Funds:	<input type="checkbox"/> Nil	<input type="checkbox"/> Yes(____ Years)	Foreign Exchange/ Gold:	<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: _____
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Estimated Annual Income (HK\$)	Approximate Net Asset Value (HK\$)
<input type="checkbox"/> ≤ \$500,000	<input type="checkbox"/> ≤ \$1,500,000
<input type="checkbox"/> > \$500,001 --- \$1,000,000	<input type="checkbox"/> \$1,500,001 --- \$3,000,000
<input type="checkbox"/> > \$1,000,001 --- \$2,000,000	<input type="checkbox"/> \$3,000,001 --- \$5,000,000
<input type="checkbox"/> ≥ \$2,000,001	<input type="checkbox"/> \$5,000,001 --- \$10,000,000
<input type="checkbox"/> Retire/Home Expenses: _____	<input type="checkbox"/> \$10,000,001 --- \$50,000,000
<input type="checkbox"/> Other Income Source: _____	<input type="checkbox"/> ≥ \$50,000,001

Source of funds:	Source of wealth:
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Client knowledge on derivative products:

(a) Did you undergone training or attend courses that provide general knowledge of the nature and risk of derivatives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Did you currently or previously work in related to derivative products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Did you execute five or more transactions in derivative products within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 and Disclaimer Statement".

Secondary Joint Account Holder Information

Name in English (Surname First):		中文姓名: _____ (Mr./Ms.)	
Date of Birth:	Place of Birth:	Nationality:	Other Nationality (if any):
Type of ID:	ID Number:		
Residential Address:			
<input type="checkbox"/> Self Owned <input type="checkbox"/> Rental (Private) <input type="checkbox"/> Rental (Public) <input type="checkbox"/> Quarters			
Mobile Phone Number:		Residential Phone Number:	
Email Address:		Facsimile Number:	
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:
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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:
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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: _____
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Investment Objective & Experience

Equities: <input type="checkbox"/> Nil <input type="checkbox"/> Yes(____Years)	Futures/Options: <input type="checkbox"/> Nil <input type="checkbox"/> Yes(____Years)
Bonds/Funds: <input type="checkbox"/> Nil <input type="checkbox"/> Yes(____Years)	Foreign Exchange/ Gold: <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: _____
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Estimated Annual Income (HK\$)	Approximate Net Asset Value (HK\$)
<input type="checkbox"/> ≤ \$500,000	<input type="checkbox"/> ≤ \$1,500,000
<input type="checkbox"/> > \$500,001 --- \$1,000,000	<input type="checkbox"/> \$1,500,001 --- \$3,000,000
<input type="checkbox"/> > \$1,000,001 --- \$2,000,000	<input type="checkbox"/> \$3,000,001 --- \$5,000,000
<input type="checkbox"/> ≥ \$2,000,001	<input type="checkbox"/> \$5,000,001 --- \$10,000,000
<input type="checkbox"/> Retire/Home Expenses: _____	<input type="checkbox"/> \$10,000,001 --- \$50,000,000
<input type="checkbox"/> Other Income Source: _____	<input type="checkbox"/> ≥ \$50,000,001

Client knowledge on derivative products:

(a) Did you undergone training or attend courses that provide general knowledge of the nature and risk of derivatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Did you currently or previously work in related to derivative products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Did you execute five or more transactions in derivative products within the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 and Disclaimer Statement".

Instruction

Are you 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.)
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Date of Birth:	Place of birth:	Nationality:	Other Nationality (If any) :
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Type of ID:	ID Number: _____ (Please attach copy)
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Residential Address:

Mobile Phone Number:	Residential Phone Number:
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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:					
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:					

Client Confirmation	
<p>1 I/We confirm that the information which I/we provide in this Futures Client's Account Opening Information Form is true, correct and complete in all respects. Guoyuan are entitled to rely fully on such information for all purposes, unless receive notice in writing of any change therein.</p> <p>2 I/We understand and received the terms and conditions stated in Futures Client's Agreement including terms under the Risk Disclosure and Disclaimer Statement, Terms and Conditions of Internet Trading, the Content about the Foreign Account Tax Compliance Act ("FATCA") of the United States of America, and Personal Information Statement (if acceptable), accept and agree to be bounded by them.</p> <p>3 I/We acknowledge that I/we have carefully read and fully understand the content of "Risk Disclosure and Disclaimer Statement". If I/we decide to trade the Derivatives Products, I/we agree to bear the risks involved. I/We confirm that I/we shall make my/our own risk assessment, or seek independent professional advice, and the I/we have sufficient net worth to be able to assume the risks and bear the potential losses before trading the Derivatives Products, I/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.</p> <p>4 I/We acknowledge and confirm that the Risk Disclosure and Disclaimer Statement were provided to me/us in the language of my/our choice.</p> <p>5 I/We was/were invited to read the Risk Disclosure and Disclaimer Statement carefully, to ask questions and take independent advice if I/we wish.</p> <p>6 I/We understand that if the above information is not fully completed, Guoyuan may delay the account opening.</p>	
	
<hr/>	
Client Signature (Individual / Joint)	Date
* I/We enclose the following documents for Guoyuan processing:	
(a) Certified True Copy of my/our valid ID Card or Passport	
(b) Original or the Certified True Copy of the Residential address proof (Please see Appendix for the address proof requirement).	
(c) W-8BEN Form (If applicable)	

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

(Acceptable for Individual Client / Primary Client of Joint Account)

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

TIN: _____

- 1 I confirm that the information which I/we provide in this **FATCA Declaration** is true, correct and complete in all respects.
- 2 If there is any change in the above information, I agree that I 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. I am willing to undertake all the lost of Guoyuan.

Client Signature with agree and confirm:



Client Signature

Date

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

(Acceptable for Secondary Joint Account Holder)

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

TIN: _____

- 1 I confirm that the information which I/we provide in this **FATCA Declaration** is true, correct and complete in all respects.
- 2 If there is any change in the above information, I agree that I 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. I am willing to undertake all the lost of Guoyuan.

Client Signature with agree and confirm:



Client Signature

Date

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

Account No.:

Self-Certification Form – Individual

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 his/her 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 Individual Account Holder

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

(1) Name of Account Holder

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

Last Name or Surname *

First or Given Name *

Middle Name(s)

(2) Hong Kong 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/ZIP 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 2 (e.g. Province, State)

Country

Post Code/ZIP Code

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

(6) Place of Birth (Not compulsory)

Town/City

Province/State

Country

Part 2 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 Identity Card

Number. 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 3 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 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 the account holder / 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 individual 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 _____
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).

Appendix: Address proof requirement

This is reference from SFC's Guideline on Anti-Money Laundering and Counter-Terrorist Financing chapter 4.8.10 (or same equivalence as outside of Hong Kong) about verify address methods.

- (a) a recent utility bill issued within the last 3 months;
- (b) recent correspondence from a Government department or agency (i.e. issued within the last 3 months);
- (c) a statement, issued by an authorized institution, a licensed corporation or an authorized insurer within the last 3 months;
- (d) a record of a visit to the residential address by the financial institute (FI);
- (e) an acknowledgement of receipt duly signed by the customer in response to a letter sent by the FI to the address provided by the customer;
- (f) a letter from an immediate family member at which the individual resides confirming that the applicant lives at that address in Hong Kong, setting out the relationship between the applicant and the immediate family member, together with evidence that the immediate family member resides at the same address (for persons such as students and housewives who are unable to provide proof of address of their own name);
- (g) mobile phone or pay TV statement (sent to the address provided by the customer) issued within the last 3 months;
- (h) a letter from a Hong Kong nursing or residential home for the elderly or disabled, which an FI is satisfied that it can place reliance on, confirming the residence of the applicant;
- (i) a letter from a Hong Kong university or college, which an FI is satisfied that it can place reliance on, that confirms residence at a stated address;
- (j) a Hong Kong tenancy agreement which has been duly stamped by the Inland Revenue Department;
- (k) a current Hong Kong domestic helper employment contract stamped by an appropriate Consulate (the name of the employer should correspond with the applicant's visa endorsement in their passport);
- (l) a letter from a Hong Kong employer together with proof of employment, which an FI is satisfied that it can place reliance on and that confirms residence at a stated address in Hong Kong;
- (m) a lawyer's confirmation of property purchase, or legal document recognising title to property; and
- (n) for non-Hong Kong residents, a government-issued photographic driving license or national identity card containing the current residential address or bank statements issued by a bank in an equivalent jurisdiction where the FI is satisfied that the address has been verified.

Supporting Documents Checklist:

<input type="checkbox"/>	Certify true copy of ID card/ Permit/ Passport for Individual/ Primary and Secondary Joint Account holder;
<input type="checkbox"/>	Proof of current resident address(es);
<input type="checkbox"/>	Client Money Standing Authority;
<input type="checkbox"/>	Receiving bank account (if applicable);
<input type="checkbox"/>	Form W-8BEN (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"/>	Certify true copy of ID card/ Permit/ Passport for the ultimate beneficial owner (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:

Professional Person can be the notary public/ branch manager of a FATF bank/ lawyer/ certified public account/ Justice of Peace.

Declaration by the licensed representative of Guoyuan Futures (Hong Kong) Limited

I, undersigned and declare that:

- the **Risk Disclosure and Disclaimer Statement** 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 and Disclaimer Statement** 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 Futures (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 Futures (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 Futures (Hong Kong) Limited

Signature by Responsible Officer

Date

Name of Responsible Officer:

Client Money Standing Authority

Standing Authority under Securities & Futures (Client Money) Rules

This authority is given pursuant to the Securities and Futures (Client Money) Rules, which covers money held or received by you in Hong Kong (including any interest derived from holding the money which does not belong to you) in one or more segregated account(s) on My / Our behalf ("Monies").

I / We authorize you to:

1. Combine or consolidate any or all segregated accounts of any name whatsoever and either individually or jointly with others, maintained by Guoyuan Securities Brokerage (Hong Kong) Limited and / or Guoyuan Futures (Hong Kong) Limited and / or any of its Associates ("Guoyuan (Hong Kong)") from time to time and you may transfer any sum of Monies to and between such segregated account(s) to satisfy My / Our obligations or liabilities to any member of the Guoyuan (Hong Kong, whether such obligations and liabilities are actual or contingent, primary or collateral, secured or unsecured, or joint or several; and
2. Transfer any sum of Monies interchangeably between any of the segregated accounts maintained at any time by members of the Guoyuan (Hong Kong).

You may do any of these things without giving Me / Us notice.

This authority is given to Guoyuan Securities Brokerage (Hong Kong) Limited in consideration of its agreeing to continue to maintain securities cash and / or margin account(s) for Me / Us and to Guoyuan Futures (Hong Kong) Limited in consideration of its agreeing to continue to maintain Commodity Futures Account(s) for Me / Us.

This authority is given without prejudice to other authorities or rights which Guoyuan (Hong Kong) may have in relation to dealing in Monies in the segregated accounts.

This authority is valid for a period of 12 months from the date of signing this Form.

This authority may be revoked by giving you written notice to Guoyuan Futures (Hong Kong) Limited address specified on this Form. Such notice shall take effect upon the expiry of 14 days from the date of your actual receipt of such notice.

I / We understand that this authority shall be deemed to be renewed on a continuing basis without My / Our written consent if you issue me / us a written reminder at least 14 days prior to the expiry date of this authority, and I / We do not object to such deemed renewal before such expiry date.

In the event of any difference in interpretation or meaning between the Chinese and English version of this authority, I / We agree that the English version shall prevail.

I / We have read, understand and accept the contents of this authority.



Client(s) Signature

Date