

2. Account Type

Account Type

(Please tick the services required)

Securities Trading Services

Margin 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.

(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 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 company/ partnership/association. Please attach additional details to this form, to the extent necessary.

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:		
Current Residential Address:					
Permanent Address (if different from above):					
Other Address (e.g. Office):					
Mobile Phone No.: ()			Office Phone No.: ()		
Email:			Relationship with Client:		

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:		
Current Residential Address:					
Permanent Address (if different from above):					
Other Address (e.g. Office):					
Mobile Phone No.: ()			Office Phone No.: ()		
Email:			Relationship with Client:		

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

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:	
Current Residential Address:			
Permanent Address (if different from above):			
Other Address (e.g. Office):			
Mobile Phone No.: ()		Office Phone No.:()	
Email:		Relationship with Client:	
Politically Exposed Person: <input type="checkbox"/> Yes <input type="checkbox"/> No			

(b) For 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
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:	

8. Beneficial Owners¹ (if applicable)²

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. Please attach additional details to this form, to the extent necessary.

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:
Current Residential Address:		
Postcode (if applicable):		
Permanent Address (if different from above):		
Other Address (e.g. Office):		
Mobile Phone No.:()		Office Phone No.:()
Email:		Relationship with Client:
Politically Exposed Person: <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):

(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

(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)

(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.

(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/AE	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)

(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: _____

(d) Does the Client own any property / real estate?

Yes No

If yes, please provide the following details for each property:

(i) Residential Properties:

Address: _____

Residence:

Owned (No mortgage)

Mortgaged

Lender: _____

Monthly Installment (HKD): _____

Balance / Overdraft Limit (HKD): _____

Rented. If Property is Rented, Monthly Rental (HKD): _____

(ii) Properties other than Residential Properties

Address: _____

Residence:

Owned (No mortgage)

Mortgaged

Lender: _____

Monthly Installment (HKD): _____

Balance / Overdraft Limit (HKD): _____

Rented. If Property is Rented, Monthly Rental (HKD): _____

(d) Net Worth Distribution

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds	<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	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds	<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 2 years 2-5 years
 6-10 years Over 10 Years

Investment Experience (Markets):

(b) Investment Horizon

Short Term (less than 6 months) Medium Term (6-24months) 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.

Our Company (the Client) has the above experience and/or knowledge on derivative product(s).

Or

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

13. Acknowledgment and Declaration

Declaration by Client The information contained in this Client Information Form is true and accurate. Well Link Securities is entitled to rely fully on such information and representations for applicable purposes (including any change hereof in writing as received by Well Link Securities). Well Link Securities 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. We the undersigned Client(s), confirm that prior to usage of any of Well Link Securities 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 Well Link Securities 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). 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. We acknowledge and confirm that Well Link Securities has provided the Risk Disclosure Statement annexed hereto in a language of my/our choice (Chinese/English) and we have been invited to read the Risk Disclosure Statement, to ask questions and take independent advice if we wish.	
Signed: Director/Partner/Trustee/Officer/Authorized Person(s) (delete where necessary) (for and on behalf of the Client)	Signed: Director/Company Secretary/Partner/Trustee/Officer/Authorized Person(s) (delete where necessary) (for and on behalf of the Client)
Name: Date:	Name: Date:
Specimen of Client chop or seal	
Certifier Declaration <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 AND INITIALED by me.	
Signed: 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)	
Full Name:	Registration No. of Profession:
Address:	

For Internal Use Only	
Verified by (Full Name): Position: Signed:	Remark: Date:
Verified by (Full Name): Position: Signed:	Remark: Date:
Verified by (Full Name): Position: Signed:	Remark: Date:

**Supporting Documents Required For Account Opening
(Corporate/Partnership/Trust/Association)**

(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 Well Link Securities Limited ("WLSL") shall be provided. WLSL reserves the right to request additional supporting documents from the Client. Where the account opening documents are not executed in the presence of a WLSL 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. 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)

Identity verification in respect of relevant companies, trusts, partnerships, associations

- Certificate of Incorporation/Certificate of Registration**
- Certificate of business registration (if applicable)**
- Business Registration Certificate (if applicable)**
- Memorandum & 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 chart¹) (if applicable²)**
- Specimen of Company Chop (if applicable)**
- Certificate of Incumbency and Certificate of Good Standing issued within the last 6 months (if available)**
- Registered Agent's Certificate (e.g. Register of directors and Register of members)(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 document³, national identity card (including a photograph) or national driving license (including a photograph)) of⁴:

- **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/Shareholders (holding of 25% or more share capital)**

Proof of current residential address (and of permanent address, if different from residential address)⁵ for each:

- **Authorised Persons**
- **Directors/Partners/Individuals exercising control of the partnership/association**

¹ At a minimum, the chart should include the relevant entities' name, place of incorporation and, where applicable, the rationale behind the particular structure employed.

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 15 of Schedule 2 to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance (Cap. 615)).

³ 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.

⁴ WLSL should retain a copy of the "biodata" page which contains the bearer's photograph and biographical details.

⁵ 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 WLSL on behalf of the Client

Proof of Bank Account (e.g. Copy of the cover of bank statement or bankbook)