

FIRST SHANGHAI SECURITIES LIMITED

THIS AGREEMENT is made the _____ day of _____ 20 _____
 BETWEEN

- (1) **FIRST SHANGHAI SECURITIES LIMITED**, (SFC-CE No. ABV488) whose registered office is situate at Room 1903, Wing On House, 71 Des Voeux Road Central, Hong Kong (the “**Broker**”); and
 (2) **The party or parties whose name(s), address(es) and description(s) are set out in the Account Opening Information Form below** (the “**Client**”)

ACCOUNT OPENING INFORMATION FORM – CORPORATE ACCOUNT

1. Account Type			
Account Type	<input type="checkbox"/> Cash Account - Client Account	<input type="checkbox"/> Margin Account -Client Account	
	<input type="checkbox"/> Cash Account - Proprietary Account	<input type="checkbox"/> Margin Account -Proprietary Account	
Internet Trading Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Request to Trade Products (Other than Stocks)	<input type="checkbox"/> OTC Risk Products	<input type="checkbox"/> Products that are only offered to PI	<input type="checkbox"/> Others: _____(please specify)

*Risk Products mean investment funds, bonds and derivatives *PI means Professional Investor defined under SFO

2. Client Particulars			
Client Name (English)			
Client Name (Chinese)			
Place of Registration	<input type="checkbox"/> Hong Kong <input type="checkbox"/> Others: _____	Date of Incorporation	DD / MM / YYYY / /
Certificate of Incorporation No.		Business Registration No.	
Registered Address	(Room/Floor/Building/ Estate/Street)		(District)
	(City/Province/State)	(Country)	(Postal Code)
Business Address (If different from the registered address)	(Room/Floor/Building/ Estate/Street)		(District)
	(City/Province/State)	(Country)	(Postal Code)
Correspondence Address (If different from the business address)	(Room/Floor/Building/ Estate/Street)		(District)
	(City/Province/State)	(Country)	(Postal Code)
Office Tel No.	(Country Code) - (Area Code*) - Phone No. () - () -	*If there is no Area Code, please leave it blank	
Mobile Phone No.	(Country Code) - (Area Code*) - Phone No. () - () -	*If there is no Area Code, please leave it blank	
Fax No.	(Country Code) - (Area Code*) - Fax No. () - () -	*If there is no Area Code, please leave it blank	
Correspondence E-mail Address			
Nature of Business	<input type="checkbox"/> Retail	<input type="checkbox"/> Logistics	<input type="checkbox"/> Hotels
	<input type="checkbox"/> Finance	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Travel and Tourism
	<input type="checkbox"/> Insurance	<input type="checkbox"/> Engineering	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Legal	<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Communications
	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Wholesale/Export & Import	<input type="checkbox"/> Healthcare Services
	<input type="checkbox"/> Catering	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Licensed non-Government Organization
	<input type="checkbox"/> Sauna/Entertainment	<input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> Education
			<input type="checkbox"/> Utilities
			<input type="checkbox"/> Business Services
			<input type="checkbox"/> Gambling
In case of Financial Institution	<input type="checkbox"/> Licensed Broker	<input type="checkbox"/> Fund Manager	<input type="checkbox"/> Trustee
Latest Annual Profits After Tax (HK\$)	<input type="checkbox"/> < 8,000,000	<input type="checkbox"/> 8,000,000 - 20,000,000	<input type="checkbox"/> > 20,000,000
Net Worth (HK\$)	<input type="checkbox"/> < 8,000,000	<input type="checkbox"/> 8,000,000 - 20,000,000	<input type="checkbox"/> > 20,000,000
Source of Income/Asset (More than one option can be chosen)	<input type="checkbox"/> Business Income	<input type="checkbox"/> Investment by Ultimate Beneficial Owner	
	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Sale of Property/Asset	<input type="checkbox"/> Others (please specify): _____

3. Corporate Structure
The ultimate Beneficial owner(s) who hold(s) 10% or more of the beneficial interest of the Corporate

Name	Nationality	ID/Passport No. and (if a U.S. Person) US Taxpayer Identification No. ("TIN")	Residential Address and Permanent Address (if different)	% of holding

Please provide the below information of the ultimate beneficial owner if he/she wholly owns the Corporate Client which does not have day-to-day business or otherwise:

Place of Birth				
Date of Birth	DD / MM / YYYY			
Education Level	<input type="checkbox"/> Primary or below	<input type="checkbox"/> Secondary	<input type="checkbox"/> University or above	
Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others (please specify): _____	
Name of Employer / Self-owned Business				
Position				
Office Address	(Room/Floor/Building/ Estate/Street)			(District)
	(City/Province/State)	(Country)	(Postal Code)	
Office Tel No.	(Country Code) - (Area Code*) - Phone No. () - () -			*If there is no Area Code, please leave it blank
Company E-mail Address				
Nature of Business	<input type="checkbox"/> Retail	<input type="checkbox"/> Logistics	<input type="checkbox"/> Hotels	<input type="checkbox"/> Education
	<input type="checkbox"/> Finance	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Travel and Tourism	<input type="checkbox"/> Utilities
	<input type="checkbox"/> Insurance	<input type="checkbox"/> Engineering	<input type="checkbox"/> Transportation	<input type="checkbox"/> Business Services
	<input type="checkbox"/> Legal	<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Communications	<input type="checkbox"/> Gambling
	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Wholesale/Export & Import	<input type="checkbox"/> Healthcare Services	<input type="checkbox"/> Money Exchange
	<input type="checkbox"/> Catering	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Licensed non-Government Organization	
	<input type="checkbox"/> Sauna/Entertainment	<input type="checkbox"/> Professionals (e.g. Solicitors)	<input type="checkbox"/> Others (please specify): _____	
Annual Income (HK\$)	<input type="checkbox"/> < 200,000	<input type="checkbox"/> 200,000 - 1,000,000	<input type="checkbox"/> > 1,000,000	
Net Worth (HK\$)	<input type="checkbox"/> < 8,000,000	<input type="checkbox"/> 8,000,000 - 20,000,000	<input type="checkbox"/> > 20,000,000	
Source of Income/Asset (More than one option can be chosen)	<input type="checkbox"/> Salary/Business Income	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Rental
	<input type="checkbox"/> Pension	<input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/> Others (please specify): _____	

Shareholder Information (if different from the ultimate beneficial owners)

Name	Address	% of holding

Director Information			
Name	Nationality	ID/Passport No.	Address

4. Address of Legal Process Service (Applicable to non-Hong Kong Corporate Client)

The Corporate Client not being a Hong Kong corporate irrevocably appoints _____ (Name) of _____
 _____ (Hong Kong Address) as agent for the purpose of accepting service of legal process herein.

5. Statement Delivery Method

Delivery Method	<input type="checkbox"/> Send to the Correspondence E-mail Box	<input type="checkbox"/> By Post to Correspondence Address
Language	<input type="checkbox"/> Traditional Chinese	<input type="checkbox"/> Simplified Chinese <input type="checkbox"/> English

Note: Monthly postal fee will be charged if postal statement is required.

6. Designated Bank Account

As required by the Broker, the Client hereby designates the below Designated Bank Account held in the name of the Client for the making of all withdrawals of the Client's money unless otherwise Client's written instruction accepted by the Broker :

Bank Name	
Bank Account No.	
Bank Account Name	
Bank Address	

The Client hereby agrees and confirms that:

- The Broker will process the Client's instruction with the above bank account name (in Simplified Chinese/Traditional Chinese / English) provided. If the transfer payment is withheld, delayed, refused or returned because the above information is incorrect, incomplete or different from or inconsistent with the information maintained by the Bank or for whatever reasons, the Broker shall not be liable for any loss or damage relating to or resulting from the above mentioned;
- The Broker needs time to process and reserves the rights to withhold, withdraw and refuse to accept the Client's instruction for whatever reasons;
- The Client shall solely be responsible for any disputes, losses, liabilities and the relevant risks, which may arise from the fund transfer (including fund withdrawal and deposit). The Client agrees to pay interest in respect of any debit balance on the Client's securities Account after fund withdrawal;
- The funds to be transferred (including fund withdrawal and deposit) and the purpose of transfer are not involved in terrorist financing activities, proceeds of drug trafficking and/or proceeds of organized and serious crimes;
- The Client shall refer to fee schedule for fund withdrawal; and
- The Client has enquired with the receiving bank and confirmed that the receiving bank would receive the funds to be transferred from the Broker.

7. Investment Objective and Experience

Investment Objective (More than one option can be chosen)	<input type="checkbox"/> Long Term Investment	<input type="checkbox"/> Generating Income	<input type="checkbox"/> Hedging	<input type="checkbox"/> Speculation
Risk Tolerance	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Growth Strategies)	<input type="checkbox"/> Moderate	<input type="checkbox"/> Conservative
Investment Experience (More than one option can be chosen)	<input type="checkbox"/> Shares	<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1-3 year(s)	<input type="checkbox"/> > 3 years
	<input type="checkbox"/> Warrants/Share Options	<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1-3 year(s)	<input type="checkbox"/> > 3 years
	<input type="checkbox"/> Futures	<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1-3 year(s)	<input type="checkbox"/> > 3 years
	<input type="checkbox"/> Bonds/Funds	<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1-3 year(s)	<input type="checkbox"/> > 3 years

The nature of the activity that is to be undertaken through the relationship with the Broker is:
 Securities Trading and _____ (if any other activity).

Note: Depending on the type of investment product, the Client may need to complete additional form(s) before trading (e.g. over-the-counter bonds or funds).

8. Derivatives Knowledge

- (1) Does the person(s) responsible for making investment decisions (“MIDP”) on behalf of the Client have Derivatives Knowledge?
 Yes No, but the MIDP confirms that the MIDP has read and understood the additional risk disclosure statements - Derivatives traded on Exchange included in the Client Account Agreement.
- (2) If yes, how did the MIDP acquire the relevant knowledge of derivatives?
 The MIDP has trading experience in any kinds of derivatives products, for example at least 5 transactions of any derivatives products in the past three years.
 The MIDP has undergone training or attended courses on derivatives products.
 The MIDP has working experience involved in derivatives.
 Others (please specify): _____

Note: Derivatives products include warrants, callable bull/bear contracts, share options, equity-linked notes, exchange traded funds, futures, etc.

9. Disclosure of Information

- (1) What is the Account type?
 Company/House account Client Account Trust/Fund Account Others, please specify: _____
- (2) Will the Client use the China Connect Securities Trading Service of the Broker?
 Yes No
 If Yes, please provide the CCEP/TTEP Participant ID : _____ (Applicable to Exchange Participant Client)
- (3) Is the Client’s ultimate beneficial owner (not applicable to listed companies) a staff member of a licensed/registered corporation under the Securities and Futures Commission of Hong Kong? (If Yes, please provide employer’s consent letter for opening of the Account.)
 No Yes Name of licensed/registered corporation: _____
- (4) Is the Client or its ultimate beneficial owner a connected person (such as director or substantial shareholder) of any listed company or its subsidiary?
 No Yes Name of listed company: _____ Relationship: _____
- (5) Is the Client or its ultimate beneficial owner currently or previously an individual entrusted with prominent public function (“PFI”) or the spouse, partner, child or parent or the child’s spouse or partner or close associates (inter alia business partner and trustee) of PFI?
 No Yes Please specify: _____
- (6) Does the Client or its ultimate beneficial owner have any relationship with any staff member of the Broker or directors of First Shanghai Investments Limited or its subsidiaries?
 No Yes Name of director/staff: _____ Relationship: _____
- (7) Is the Client or its ultimate beneficial owner currently maintaining account with First Shanghai Futures Limited?
 No Yes Account Name: _____ A/C No.: _____
- (8) Is the member of the Client’s same group of company(ies) currently maintaining account with the Broker?
 No Yes Account Name: _____ A/C No.: _____
- (9) Does the Client or its ultimate beneficial owner, either alone or with his/her spouse, control 35% or more of the voting rights of any client of the Broker?
 No Yes, details as below:

A/C No.	Account Name
(1)	
(2)	
(3)	

10. Client’s United States Status

- (1) Is the Client or the Client’s ultimate beneficial owner a United States Entity or Person (“U.S. Entity or Person”) defined under the Foreign Account Tax Compliance Act (“FATCA”)?
 No Yes U.S. Taxpayer ID No.: _____
- (2) What is the Client status under the FATCA?
 Participating Foreign Financial Institution (Participating “FFI”), please provide GIIN: _____
 Certified deemed-compliant FFI. If registered, please provide GIIN: _____
 Passive Non-Financial Foreign Entity
 The Client does not have substantial (10% or more ownership) U.S. owner
 The Client has substantial U.S. owner (please provide particulars)
 Others (please specify): _____

11. Tax Residency Status - Automatic Exchange of Financial Account Information

(Terms used herein shall have the same meaning defined in the Inland Revenue Ordinance, unless the context provides otherwise)

Part 1 Client 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 Non-Financial Entity ("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 2 Controlling Persons (Complete this part if the entity type of the Client is a passive NFE)

Indicate the name of all controlling person(s) of the Client 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 Self-Certification Form – Controlling Person for each controlling person.

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

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 Client is a **resident for tax purposes** and (b) the Client's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence.

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

If the Client 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 Client is a resident for tax purposes does not issue TINs to its residents.

Reason B - The Client is unable to obtain TIN. Explain why the Client is unable to obtain a TIN if he/she has 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 Client is unable to obtain a TIN if he/she has selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

12. Declaration

The Client declares that:

- (1) The information provided above is true, complete and correct;
- (2) The Client will notify the Broker immediately of any update on the above information;
- (3) The Client acknowledges and agrees that (a) the information contained in this Account Opening Information Form is collected and may be kept by the Broker for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Client and any reportable account(s) may be reported by the Broker 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 Client 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);
- (4) The Client undertakes to advise the Broker of any change in circumstances which affects the Client's tax residency status recorded in this Account Opening Information Form or causes the information contained herein to become incomplete, misleading or incorrect and to provide the Broker with updated information and a suitably updated form (e.g. Self-Certification Form) immediately; and
- (5) Standing Authorization to Transfer Money
According to the Securities and Futures (Client Money) Rules made under section 149 of the Securities and Futures Ordinance (Cap 571), upon the Client's request, with effect from the below effective date ("Effective Date"), the Client authorizes and instructs ("Authorization") the Broker and First Shanghai Futures Limited ("FSFL") to deal, in the sole and absolute discretion of the Broker and FSFL from time to time, with the money received from the Client, received on the Client's behalf or held on the Client's behalf without prior notice to the Client in the following manner ("Money Transfer"):
Pay/Transfer any amount of the money from the Account to the futures account(s) in the name of the Client maintained in FSFL ("Futures Account") or from the Futures Account to the Account (as the case may be) and/or if applicable, convert the money into any currency before or after the payment/transfer for the purpose of facilitation, preparation of or trading or meeting the settlement or margin requirements required by the Broker or FSFL (if applicable).
Despite the Client's Authorization, the Client confirms that the Broker and/or FSFL shall have the absolute discretion to refuse to carry out the Money Transfer without need to give the Client any reason or prior notice.
Effective Date means: if the Futures Account has been opened, the date first above written but if the Futures Account has not been opened yet, the later date when the Futures Account is opened or the specified date: _____.
The Client undertakes to fully indemnify the Broker, FSFL and their employees, officers and agents against all costs, expenses, liabilities, losses or damages arising out of or suffered by the Broker, FSFL and their employees, officers and agents as a result of this Authorization or Money Transfer.
The Client understands that this Authorization given herein shall remain valid for a period of 12 months commencing from the Effective Date.
Upon expiry of a period of 12 months as aforesaid, this Authority shall, unless renewed according to the Securities and Futures (Client Money) Rules, become null and void. After the Effective Date, the Client may revoke this Authorization by giving at least five business days' prior notice to both the Broker and FSFL in writing. The revocation takes effect 3 business days after both the Broker and FSFL acknowledge actual receipt of such termination notice.

13. Cash Account Execution

Cash Account for securities trading:

Client Account Agreement and Risk Disclosure Declaration

REQUEST, ACKNOWLEDGEMENT AND DECLARATION

Please open a securities trading Account in the Client's name for the purpose of buying and selling Securities in cash. By signing below, the Client hereby declares that the Broker has sent to the Client and the Client has received the account opening documents ("Agreements") including but not limited to this Account Opening Information Form, the Client Account Agreement and the Margin Client Agreement and the Client has read, understood and agreed to the terms and conditions ("Terms") of the Agreements and as a part of the Terms, the Risk Disclosure Statements (including any additional risk disclosure statements), which have been provided in the Client's language of choice (English or Chinese); and that the Client was invited to read the Risk Disclosure Statements, to ask questions and if the Client wishes, to take independent advice and the Client hereby agrees to be bound by the Agreements and relevant schedule(s) and supplement(s) as the same may be amended from time to time.

The additional risk disclosure statements include but not limited to risks related to Derivatives traded on the Exchange.

the date first above written or

Authorized Signature(s) and/or Business Chop

Witness Signature

Name of Witness

Declaration Made by a Licensed Representative

I, the undersigned, have provided the Risk Disclosure Statements in a language of the Client's choice and have fully explained the contents of Risk Disclosure Statements (including any additional risk disclosure statements) to the Client. I have invited the Client to read the Risk Disclosure Statements, ask questions and seek independent advice if the Client wishes.

the date first above written or

Signature of licensed representative

Name of licensed representative

C.E. Number

14. Margin Account Execution

If the Client requests the Broker to provide the Client with margin financing for Securities trading and open a margin account in the name of the Client ("Margin Account"), please sign as below.

If applicable, the date of my/our request to change from the Cash Account to Margin Account is _____.

Margin Facility:
Authorization under Section 148 of Securities and Futures Ordinance (Cap.571)

The Client hereby authorizes and agrees that during the subsistence of the margin facilities between the Broker and the Client and whether or not the Client is indebted to the Broker for the time being, the Broker may for a period of 12 months from the date hereof dispose of the Client's securities in any of the following manner without any notice to the Client:

- (1) deposit with financial institutions as security for advances or loans made to the Broker;
- (2) deposit with clearing houses as security for the Broker's discharge or satisfaction of its obligations under the relevant clearing systems;
- (3) lend such securities for the purposes of fulfilling settlement obligations with other brokers, dealers or clients;
- (4) dispose of such securities in settlement of any liability of the Client or the Client's affiliates to repay or discharge the Broker or its affiliates (including but not limited to First Shanghai Futures Limited) of any indebtedness due and owing by the Client or the Client's affiliates; and
- (5) otherwise deal with or dispose of such securities in any manner not restricted under the Securities and Futures Ordinance as the same may be modified, supplemented or re-enacted from time to time.

The Client understands that the Client's authorization given herein shall remain valid for a period of 12 months from the date hereof. Upon expiry of a period of 12 months as aforesaid, the Client's authorization shall, unless renewed according to the Securities and Futures (Client Securities) Rules, become null and void. The Client understands that the Client may revoke the Client's authorization at any time by giving to the Broker at least five business days' prior written notice. The Client also understands that the Broker will remain liable to the Client for the return of equivalent securities to the Client free from encumbrances after full payment by the Client of all outstanding loans and expenses under the facilities.

The Client acknowledges that by granting the above authorization, the Broker can pool the Client's securities and deposit them as collateral for loans and advances. A third party may have rights to the Client's securities which the Broker must satisfy before returning the securities to the Client. This may affect the risk of the Client's securities.

Margin Client Agreement, Client Account Agreement and Risk Disclosure Declaration
REQUEST, ACKNOWLEDGEMENT AND DECLARATION

Please open a Margin Account in the Client name and grant the Client credit facilities. By signing below, the Client hereby declares that the Broker has sent to the Client and the Client has received the account opening documents ("Agreements") including but not limited to this Account Opening Information Form, the Client Account Agreement and the Margin Client Agreement and the Client has read, understood and agree to the terms and conditions ("Terms") of the Agreements and as a part of the Terms, the Risk Disclosure Statements (including any additional risk disclosure statements), which have been provided in the Client's language of choice (English or Chinese); and that the Client was invited to read the Risk Disclosure Statements, to ask questions and if the Client wishes, to take independent advice and the Client hereby agrees to be bound by the Agreements and relevant schedule(s) and supplement(s) as the same may be amended from time to time.

The additional risk disclosure statements include but not limited to risks related to Derivatives traded on the Exchange and Margin Financing.

the date first above written or

 Authorized Signature(s) and/or Business Chop

 Witness Signature

 Name of Witness

Declaration Made by a Licensed Representative

I, the undersigned, have provided the Risk Disclosure Statements in a language of the Client's choice and have fully explained the contents of Risk Disclosure Statements (including any additional risk disclosure statements) to the Client. I have invited the Client to read the Risk Disclosure Statements, ask questions and seek independent advice if the Client wishes.

the date first above written or

 Signature of licensed representative

 Name of licensed representative

 C.E. Number

Authorized Signature

Date

Documents required for opening of Account

1. Minutes of the Meeting of the Board of Directors approving the opening of Account(s) and Authorized Officers to operate the account(s) (see Schedule I)
2. Letter of Guarantee (see Schedule II)
3. Self-Certification Form - Controlling Person (see Schedule III) (if applicable)
4. Copy of the Certificate of Incorporation
5. Copy of the Business Registration Certificate (if any)
6. Copy of valid identity document and nationality proof of the Directors, Authorized Officers to operate the account(s), principal shareholders and all ultimate beneficial owners (if a person is not holding a Hong Kong "Permanent" Identity Card, a valid passport or other form of travel document must be provided.)
7. Latest Annual Return with all of its subsequent amending documents certified by a professional third party (if applicable)
8. A recent issue of certificate of incumbency certified by a professional third party (if applicable)
9. Organization Chart certified by a professional third party (if applicable)
10. Copy of the Register of Members and Directors
11. Memorandum and Articles of Association with all of its subsequent amending resolutions
12. Latest Audited Financial Statements

Note:

- ✧ All copy documents are required to certified true copy by a licensed representative of the Broker or a professional third party e.g. Lawyer/Practicing CPA/HKI Chartered Secretary Member/Public Notary from equivalent FATF jurisdiction.
- ✧ Apart from documents listed herein, the Broker may further request the Client to provide more account opening details and documents when necessary.

Account Opening Information Form

Schedule 1

RESOLUTION FOR A LIMITED COMPANY

ACCOUNT OPENING

TO: FIRST SHANGHAI SECURITIES LIMITED

Extracts from the Minutes of the Meeting of the Board of Directors of

(name of the Company) _____ (the "Company") held at
 (place) _____

on (date) _____ at which a quorum was present and which resolutions were duly passed and are now in full force and effect.

It was RESOLVED that:

1. (an) account(s) (the "Account") be opened and maintained in the name of the Company with First Shanghai Securities Limited (the "Broker") for the purpose of holding funds relating to any purchases, sales, holdings and other dealings in Securities as the Company may instruct the Broker as its agent to effect from time to time on behalf of the Company and that the Account and all such purchases, sales, holdings and other dealings be effected subject to and in accordance with, wherever applicable, the Terms and Conditions contained in the Client Account Agreement, Margin Client Agreement (if applicable, presently or in the future) as well as Account Opening Information Form inter alia their appendix, supplements and amendments (the Agreement") to be entered into by the Company with the Broker in connection with the opening of the Account;
2. the Agreement in such form as completed and produced to the Meeting be and are hereby approved and any (number) _____ Director(s) and/or _____ (name) of the Company be authorized to open the Account with the Broker and to complete and sign for and on behalf of the Company the Agreement and any other account opening documents including but not limited to any form, schedule and agreement as required by the Broker from time to time and the signed originals thereof be delivered to the Broker and to affix the Company's Common Seal (if required) to any instruments, documents or agreements;
3. the undermentioned designated persons be hereby authorized and empowered, on behalf of the Company as follows:-

Account Operation Authorized Person(s) (for all instructions)

- (a) any (number) _____ of the following persons(s) ("Account Operation Authorized Person") is/are to give the Broker such instructions and/or to do any act or thing as may be necessary or expedient for the operation and maintenance of the Account, to complete and sign all documents and generally to do and take any and all action necessary in connection with the Account (including but not limited to giving any trading instructions and instructions relating to and/or the withdrawals, transfers and other dealings in assets held in the Account and/or signing any subscription form, placing order form and placing letter) or considered desirable by such persons in connection therewith;

The list of Account Operation Authorized Persons is as follows:

Name	Position	I.D./Passport Number	Contact Tel. No.	Specimen Signature

Trading Representative(s) (for trading instructions)

- (b) each of the following person(s) (“Trading Representative”) is to place orders and to give all oral or written instructions with respect to any such transactions or any matter concerning the Account and otherwise pursuant to the Agreement and to complete and sign all relevant documents in connection therewith including but not limited to any application form for subscription of shares, placing order forms and placing letters:

Any one of the following Trading Representative(s) acting singly:

Name	Position	I.D./Passport Number	Contact Tel. No.	Specimen Signature

I/We certify that the above is a true extract from the minutes of a duly convened and held meeting of the Board of Directors.

<p>(1) _____ Signature</p>	<p>(2) _____ Signature</p>
<p>(1) _____ Name of Director of the Company</p>	<p>(2) _____ Name of Director of the Company</p>
<p>Name of Company: _____</p>	
<p>Date: _____</p>	

Account Opening Information Form

Schedule 2

GUARANTEE LETTER

To: FIRST SHANGHAI SECURITIES LIMITED (the "Broker")
19/F, Wing On House, 71 Des Voeux Road Central, Hong Kong.

Date: _____

From: (name) _____ (the "Guarantor")

Address of Guarantor: _____

1. In consideration of the Broker, at my/our request, making available to (name of Client) _____ (the "Client") securities trading facilities by way of a Client Account Agreement, Account Opening Information Form and (if applicable) the Margin Client Agreement dated _____ (such services hereinafter referred to as the "Facilities") I/we, the Guarantor irrevocably and unconditionally guarantee the full and punctual payment of all sums payable by the Client to the Broker and undertake that if for any reason the Client shall fail to pay any such sum in accordance with the terms of the said Client Account Agreement, Account Opening Information Form and (if applicable) the Margin Client Agreement the Guarantor shall immediately on demand by the Broker unconditionally pay that sum to the Broker.
2. The Guarantor's liability under this Guarantee shall not be discharged in whole or in part or otherwise be affected in any way by reason of (i) the Broker giving the Client time or any other concession or taking, holding, realizing or not enforcing any other security for the liabilities of the Client under the Facilities, (ii) any legal limitation or incapacity relating to the Client, (iii) the invalidity or unenforceability of the obligations of the Client under the Facilities or (iv) any other act or omission of the Broker or any other circumstances which but for this provision would have discharged the Guarantor from its obligations hereunder. Any monies expressed to be payable by the Client under the Facilities which may not be recoverable from the Client for any foregoing reason shall be recoverable by the Broker from the Guarantor as principal debtor.
3. This Guarantee is a continuing security and shall continue in effect until all sums whatsoever payable by the Client under the Facilities have been paid in full.
4. The Broker may enforce this Guarantee without first making demand on, or taking any proceeding against the Client.
5. The Guarantor hereby represents and warrants to and undertakes with the Broker that the Guarantor does not hold and will not hereafter, without the prior written consent of the Broker, take or hold on any account whatsoever any security from the Client or any other person for the obligations and liabilities of the Client hereunder, and in the event of the Guarantor now or hereafter taking or holding any such security, whether with or without the consent of the Broker, the Guarantor will hold their right to the same and all amounts at any time received in respect thereof in trust for the Broker and the Guarantor shall forthwith deposit the same and any documents relating thereto with the Broker.
6. No payment to the Broker under this Guarantee pursuant to any judgement or order of any court or otherwise shall operate to discharge the obligations of the Guarantor in respect of which it was made unless and until payment in full shall have been received by the Broker.
7. The Broker may apply any credit balance to which the Guarantor is entitled on any account of the Guarantor with the Broker in or towards satisfaction of any sum then due and payable from the Guarantor hereunder.
8. If any monies paid to the Broker in reduction of the indebtedness under the Facilities have to be repaid by the Broker on the ground of fraudulent preference or on any other ground, the liability of the Guarantor shall be computed as if such monies had never been paid to the Broker at all.
9. The Guarantor hereby represents and warrants to the Broker that it has power to enter into this Guarantee and to perform its obligations hereunder. The Guarantor has read and understood the contents of this Guarantee and has taken independent legal advice as to the effect hereof.
10. The security conferred by this Guarantee is in addition to and not in substitution for and shall not in any way affect or be affected by any other security or guarantee which the Broker may now or hereafter hold or take from the Client or any other person in respect of the Facilities.
11. Save as may be expressly provided herein to the contrary, time shall be of the essence of this Guarantee. No failure or delay on the part of the Broker to exercise any right, power or remedy under this Guarantee shall operate as a waiver thereof nor shall a waiver by the Broker of any particular default by the Guarantor affect or prejudice the right, power or remedy of the Broker in respect of any other default or any subsequent default of the same or a different kind nor shall any single or partial exercise by the Broker of any right, power or remedy hereunder preclude any other or further exercise thereof or the exercise of any other right, power or remedy.
12. If at any time any provision of this Guarantee is or becomes illegal, invalid or unenforceable in any respect under the laws of any jurisdiction, neither the legality, validity or enforceability of the remaining provisions of this Guarantee nor the legality, validity or enforceability of such provision under the laws of any other jurisdiction shall in any way be affected or impaired thereby.
13. The Guarantor may not assign any of its rights or obligations hereunder. The Broker may assign any of its rights hereunder to a person in favour of whom an assignment has been made under the Facilities.

14. Every notice under this Guarantee shall be in writing and may be given or made by post, facsimile or cable to the Guarantor or the Broker at their respective addresses given above. Every notice shall be deemed to have been received, in the case of a facsimile or cable at the time of despatch and in the case of a letter two days after its posting.
15. In the event of the Guarantor being made up of more than one legal entity, all such legal entities' liabilities and obligations as Guarantor hereunder shall be joint and several.
16. This Guarantee shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and the Guarantor hereby submits to the non-exclusive jurisdiction of the Hong Kong courts.

IN WITNESSETH whereof the Guarantor has hereunto executed this Guarantee the day and year first above written.

INDIVIDUAL GUARANTOR

SIGNED, SEALED AND DELIVERED by _____)

Name: _____)
_____)

HKID / Passport No.: _____) _____ (Signature of Guarantor)

In the presence of:-

Signature of witness : _____

Name of witness : _____

Passport No./I.D. Card No. of witness : _____

CORPORATE GUARANTOR

The Common Seal of the Guarantor was _____)

affixed in the presence of _____)
_____)

_____, a director and _____ (Signature of Director)

_____)
_____)

_____, a director / secretary _____ (Signature of Director/Secretary)

in the presence of :-

Signature of witness : _____

Name of witness : _____

Passport No./I.D. Card No. of witness : _____

Account Opening Information Form

Schedule 3

Self-Certification Form – Controlling Person

(Ref: Inland Revenue Ordinance (Cap.112 of Hong Kong Laws))

Part 1 Identification of Controlling Person			
<p>Important Notes:</p> <ul style="list-style-type: none"> - This is a self-certification form provided by a controlling person to First Shanghai Securities Limited (“FSSL”) and First Shanghai Futures Limited (“FSFL”) for the purpose of automatic exchange of financial account information. The data collected may be transmitted by FSSL / FSFL 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 to FSSL / FSFL. - All parts of this 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 FSSL / FSFL to the Inland Revenue Department. 			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Surname (English)*		Given Name (English)*	
Surname (Chinese)*		Given Name (Chinese)*	
ID / Passport No.		Place of Issue	
Date of Birth *	DD / MM / YYYY / /	Place of Birth	
Current Residence Address	(Suite, Floor, Building, Street, District)		
	(City) *	(Province, State)	
	(Country) *	(Postal Code / ZIP Code)	
Correspondence Address <i>(Complete if different to the current residence address)</i>	(Suite, Floor, Building, Street, District)		
	(City)	(Province, State)	
	(Country)	(Postal Code / ZIP Code)	

Part 2 The Client(s) of which you are a controlling person (Enter the name of the Client(s) of which you are controlling person)		
Client	Name of the Client / Account	Account Number
(1)		
(2)		
(3)		

Part 3 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) *			
<p>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) jurisdictions of residence.</p> <p>If the controlling person is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.</p> <p>If a TIN is unavailable, provide the appropriate reason A, B or C:</p> <p>Reason A – The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.</p> <p>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.</p> <p>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.</p>			
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 client stated in Part 3)					
Type of Entity	Type of Controlling Person	Client (1)	Client (2)	Client (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 or enforcer	<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 or enforcer /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 or enforcer	<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 FSSL/FSFL 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 FSSL/FSFL 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 Client(s) to which this form relates.

I undertake to advise FSSL/FSFL of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect, and to provide FSSL/FSFL 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 true, correct and complete.

Signature: _____

Name: _____

Capacity: _____

(Indicate the capacity if you are not the Controlling Person. If signing under a power of attorney, attach a certified copy of the power of attorney.)

Date: _____

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. HK\$10,000). In the event of any inconsistency between the English and Chinese language text on this Self-Certification Form, the English version will prevail and all information provided by you on this form will be treated as addressing the English text.