



**Power Securities Co. Ltd.**  
**權威證券有限公司**

## **Power Securities Company Limited (PS)**

**Account Opening Form – Individual/ Joint Account**

**(English version)**

(Licensed with the Securities and Futures Commission as a licensed corporation) (CE No. AFE798) for dealing in securities under Type 1 of Part 1 in Schedule 5 to the Securities and Futures Ordinance and an exchange participant of The Stock Exchange of Hong Kong Limited.)

Address : Unit 101, 1/F, Energy Plaza, 92 Granville Road, Tsim Sha Tsui East, Kowloon  
Telephone : 3741 8000  
Fax : 2530 4054  
Email : [cs@powersec.hk](mailto:cs@powersec.hk)  
Website : [www.powersec.hk](http://www.powersec.hk)

Account No.: _____ Date: _____
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## CLIENT'S INFORMATION FORM

### (Individual/Joint Account)

#### Account Types

<input type="checkbox"/> Cash Account – Individual  <input type="checkbox"/> Cash Account – Joint	<input type="checkbox"/> Margin Account – Individual  <input type="checkbox"/> Margin Account – Joint	<input type="checkbox"/> Others: _____
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#### Personal Information

Name of Client (in English):		(in Chinese):	
Date of Birth:		Sex:	
HKID/Passport No.		Nationality:	
Residential Address:			
Correspondence Address (if different):			
E-mail:			
<p><b>Correspondence (choose one only. All correspondence, including statements of account, will be sent to the following address):</b></p> <p><input type="checkbox"/> E-mail Address [by choosing “E-mail Address”, you consent to be bound by the “<b>Terms for Electronic Communications and Client’s Declaration</b>” below]</p> <p><input type="checkbox"/> Residential Address</p> <p><input type="checkbox"/> Correspondence Address</p> <p><input type="checkbox"/> Others: _____</p> <p>(Please provide address proof within the last 3 months for any other correspondence address)</p>			
<p><b><u>Terms for Electronic Communications and Client’s Declaration</u></b></p> <p>I/We acknowledge and accept the risks of receiving all the communications (the “<b>Communications</b>”) via electronic communication, including but not limited to the risks as set out in the Cash/Margin Client’s Agreement and agree and undertake to hold you harmless from and against all losses, damages, interests, costs, expenses, actions, demands, claims or proceedings of whatsoever nature which I/we may incur, suffer and/or sustain as a result of your provision of the Communications via electronic communication. I/We understand that I/we can only choose receiving the Communications either via physical mail or via electronic communication. Once chosen electronic communication, I/we will not receive any Communications by physical mail. During this period, I/we undertake to immediately notify you of any change in my/our e-mail address. If you receive two successive messages in relation to the failure of sending the Communications to my/our e-mail address electronically, you have the right to use physical mail instead of electronic communication. In the event of any difference in the interpretation or meaning between the English and Chinese version of this Declaration, I/we agree that the English version shall prevail. You have explained this Declaration to me/us. I/We declare that I/we fully understand the contents of this Declaration.</p>			

**Electronic Securities Trading Services – Internet Services and Mobile App Services**

You request us to provide internet services and mobile application, “Power Securities – Megahub Limited” for your securities account(s) opened with us. You agree that you shall be bound by the Terms in Connection with Internet Services set out in Appendix 2 of the Client Agreement.

Yes     No

**Financial Position (in HK\$)**

(Please provide supporting documents E.g. Latest Tax Return, Salary Prove, Bank Statement etc.)

Source of Income	Annual Income	Asset Items	Net Asset Worth
<input type="checkbox"/> Nil	<input type="checkbox"/> < HK\$120,000	<input type="checkbox"/> Property	<input type="checkbox"/> < HK\$500,000
<input type="checkbox"/> Salary	<input type="checkbox"/> HK\$120,000 – HK\$300,000	<input type="checkbox"/> Deposits	<input type="checkbox"/> HK\$500,000 – HK\$1M
<input type="checkbox"/> Commission	<input type="checkbox"/> HK\$300,001 – HK\$500,000	<input type="checkbox"/> Listed Securities	<input type="checkbox"/> HK\$1M – HK\$3M
<input type="checkbox"/> Rent	<input type="checkbox"/> HK\$500,001 – HK\$1M	<input type="checkbox"/> Bonds/ Funds	<input type="checkbox"/> HK\$3M – HK\$5M
<input type="checkbox"/> Dividend/ Interest	<input type="checkbox"/> HK\$1M – HK\$5M	<input type="checkbox"/> Others: _____	<input type="checkbox"/> HK\$5M – HK\$10M
<input type="checkbox"/> Business Profit	<input type="checkbox"/> HK\$5M – HK\$10M		<input type="checkbox"/> HK\$10M – HK\$50M
<input type="checkbox"/> Others: _____	<input type="checkbox"/> > HK\$10M		<input type="checkbox"/> > HK\$50M

**Employment Status**

Full-time     Part-time     Self-employed     Retired     Unemployed

Others (please specify): \_\_\_\_\_

Employed by:

Are you an employee of a bank or financial services company which is engaged in any activities regulated by the Securities and Futures Commission or the Hong Kong Monetary Authority?

Yes     No

If yes, do you agree that we will notify your employer and obtain their consent of your opening and maintaining of this account?

Yes     No

Are you trading or otherwise dealing in the Securities you instruct us to buy or sell as principal and beneficial owner thereof?

Yes     No

If No, please specify in what capacity you are trading or dealing in the Securities: \_\_\_\_\_

Business Address:

Nature of Business:

Position Held:

Tel No. :(Res) \_\_\_\_\_ (Off) \_\_\_\_\_  
 (Mob) \_\_\_\_\_

Fax No.:

Any relationship with any staff of Power Securities Company Limited or any of its Group Companies:

Yes     No

If yes, with whom?

Relationship:

**Relationship with Listed Companies**

Is the Client/ Client’s associate is a director, employee or shareholder (Above 5%) of any listed company?

No     Yes. Please specify. \_\_\_\_\_

**Related Persons**

- Are you the spouse of another margin client(s) of us? (Please “√” where appropriate)
  - No
  - Yes, please specify: (i) Name of spouse: \_\_\_\_\_  
 (ii) Account No.: \_\_\_\_\_
  
- Are you in control, either alone or with your spouse, of 35% or more of the voting rights of another margin client(s) of us? (Please “√” where appropriate)
  - No
  - Yes, details as below:

	Account Number	Name of Account Holder	Relationship with Account Holder
1			
2			

**Bank Account Information**

Name of Bank:	
Account Number:	

**Investment Objectives (please tick as appropriate, you may tick more than one item)**

<input type="checkbox"/> Long Term Investment	<input type="checkbox"/> Stable Growth	<input type="checkbox"/> Short Term Investment
<input type="checkbox"/> Dividend Yield Stocks	<input type="checkbox"/> Growth Stocks	<input type="checkbox"/> Speculative Stocks
<input type="checkbox"/> Hedging	<input type="checkbox"/> Others (please specify): _____	

**Investment Experience**

Types of products	Certificate of Deposit, Capital Protected Products, Bonds or Bond Funds	Equity Funds or Stocks	Hedge Fund, Foreign Exchange, Margin A/C, Structured Products or Derivatives
No. of Year(s)			
No. of Transaction(s) per Year			
Typical Transaction Size (in HK\$)			



**Derivative Products Experience**

Have you traded 5 or more transactions in any derivative or structured products, whether traded on exchange or not, within the past 3 years?

Yes       No

**Signing Instruction:**

The signing instruction for Joint Account is: (Please specify e.g. any two jointly, or etc.)

signing singly       signing wholly       others, \_\_\_\_\_

## CLIENT'S DECLARATION

To: Power Securities Company Limited,	Client's initial
I/We confirm and represent that the information on this Client Information Form is true, complete and correct and that the representations in the attached agreement are accurate. You are entitled to rely fully on such information and representations for all purposes, unless you receive notice in writing of any change. You are authorized at any time to contact anyone, including our banks, brokers or any credit agency, for the purpose of verifying the information provided on this Client Information Form.	
I/We, the undersigned client(s), acknowledge and confirm that I/we have read and understood and accepted the provisions of the Cash/Margin Client's Agreement.	
I/We acknowledge and confirm that: - The Risk Disclosure Statements were provided in a language of my/our choice (English or Chinese); and - I/we was/were invited to read the Risk Disclosure Statements, to ask questions and take independent legal, financial and other advice if I/we wish.	
I/We have carefully read the Risk Disclosure Statements and fully understand the contents and meanings thereof and agree to be bound by the same.	
I/We have attached certified copies of the following documents*: <input type="checkbox"/> Identity Document <input type="checkbox"/> Residential proof and correspondence address proof (if applicable) within recent three(3) months	
I/we acknowledge and confirm receipt of the Cash/Margin Client Agreement in a language of my/our choice (English or Chinese)	

## CLIENT'S CONFIRMATION

(The client's signature below will be treated as specimen signature for verifying written instructions)

Client's Name(s):	
Client's Signature(s):	
Date:	

\*It is at PS's sole discretion to decline such application if the required document cannot be provided by the new client within 30 days from the date of application

## LICENSED PERSON'S DECLARATION

I, \_\_\_\_\_ (Name of Licensed Person), confirming that I have:

- Provided the Risk Disclosure Statements in a language of the client's choice (English or Chinese); and
- Invited the client to read the Risk Disclosure Statements, ask questions and seek independent advice if the client wishes.

Licensed Person's Signature:
SFC CE Number:
Date:

## WITNESS

I, the undersigned, have witnessed the signature and inspected the original identity documents of the above-named client.

Full Name of Witness:	
Witness's Occupation:	
Witness's ID/Passport number:	
Witness's Signature:	
Date:	

## ACKNOWLEDGEMENT AND EXECUTION BY POWER SECURITIES COMPANY LIMITED

Authorized Signatory/Company Chop
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## INSTRUCTIONS FOR JOINT ACCOUNT

In consideration of your carrying a joint account for the undersigned, the undersigned jointly and severally agree that the authorized persons designated by us herein (as may be amended from time to time) shall have authority on behalf of the joint account to instruct you to buy, sell (including short sales) and otherwise dealing, through you as brokers, any and all kinds of securities including, but not limited to shares, stocks, warrants, options, bonds debentures, notes, bills of exchange, certificates and commercial paper of any description whatsoever and wheresoever issued, dealt in or located (all of which are referred to as “Securities”), on margin or otherwise; to receive on behalf of the joint account demands, notices, confirmations, reports, statements of account and communications of every kind; to receive on behalf of the joint account Securities, money and property of every kind and to dispose of same; to make on behalf of the joint account agreements relating to any of the foregoing matters and to terminate or modify the same or waive any of the provisions thereof; and generally to deal with you on behalf of the joint account as fully and completely as if he alone were interested in the said account, all without notice to the other or others interested in the said account.

You are authorized to follow the instructions of any of the undersigned in every respect concerning the said joint account with you and to make deliveries to any of the undersigned, or upon his instructions, of any or all Securities in the said joint account, and to make payments to any of the undersigned, or upon his instructions, of any or all Securities in the said joint account; and to make payments to any of the undersigned, or upon his order, if any or all monies at any time or from time to time in the said joint account as he may order and direct, even if such deliveries and/or payments shall be made to him personally and not for the joint account of the undersigned as aforesaid; you shall be under no duty or obligation to inquire into the purpose or propriety of any such demand for deliveries of Securities or payments of monies, and you shall not be bound to see to the application or disposition of the said Securities and/or monies so delivered or paid to any of the undersigned or upon his order. This authority hereby conferred shall remain in force until written notice of the revocation addressed to you is delivered at your main office.

The liability of the undersigned with respect to the said account shall be joint and several. The undersigned further agree jointly and severally that any and all property and monies you may at any time be holding or carrying for any one or more of the undersigned shall be subject to a lien in your favour for the discharge of the obligations of the joint account to you, such lien to be in addition to and not in substitution of the rights and remedies you otherwise would have.

It is further agreed that in the event of the death of either or any of the undersigned, the survivor or survivors shall immediately give you written notice thereof, and you may, before or after receiving such notice, take such proceeding, require such papers and tax waivers, retain such portion of and/or restrict transactions in the account as you may deem advisable to protect you against tax, liability, penalty or loss under any present or future laws or otherwise. The estate of any of the undersigned who has died shall be liable and each survivor shall continue to be liable, jointly and severally, to you for any net debit balance or loss in the said account in any way resulting from the completion of transactions initiated prior to the receipt by you of the written notice of the death of the decedent or incurred in the liquidation of the account or the adjustment of the interests of the respective parties.

\*(a) It is the express intention of the undersigned to create an estate or account as joint tenants with rights of survivorship and



not as tenants in common. In the event of the death of either of the undersigned, the entire interest in the joint account shall be vested in the survivor or survivors on the same terms and conditions as theretofore held, without in any manner releasing the decedent's estate from the liability provided for in the next preceding paragraph.

\*(b) In the event of the death of either or any of the undersigned the interests in the account as of the close of business on the date of the death of the decedent (or on the next following business if the date of death not a business day), shall be as follows:-

Name of Participant and his/her estate	Identity documents	% of interests

but any taxes, costs, expenses or other charges becoming a lien against or being payable out of the account as the result of the death of the decedent, or through the exercise by his or her estate or representatives of any rights in the account shall, so far as possible, be deducted from the interest of the estate of such decedent. The provision shall not release the decedent's estate from the liability provided for in the paragraph next preceding "(a)" above.

Subject to the provisions hereof, all notices or communications for the undersigned in respect of the joint account are to be directed to as follows:-

Name(s):
Address:
Specimen Signature(s) of the joint account holder:
(1)
(2)
(3)
Date:

\*Strike out paragraph (a) or (b) whichever is inapplicable, and if paragraph (b) is retained, fill in the names and percentage amounts of the interests of the respective parties.

## AUTHORISATION LETTER FOR MARGIN ACCOUNT

Power Securities Company Limited

Date:

Dear Sirs,

I/We \_\_\_\_\_ (Name of Client(s)) hereby, pursuant to the Securities and Futures Ordinance (Cap 571) Subsidiary Legislation Securities and Futures (Client Securities) Rules, authorize you, for a period of twelve months from the date hereof in relation to all securities purchased or held for or on my/our behalf to: -

- (i) deposit such securities as collateral for loans or advances made to you by an authorized institution as defined by the Banking Ordinance;
- (ii) deposit such securities with Hong Kong Securities Clearing Company Limited as collateral for the discharge and satisfaction of your obligations and liabilities under the General Rules of the Central Clearing and Settlement System. I/We understand that Hong Kong Securities Clearing Company Limited will have a first fixed charge over my/our securities to the extent of your obligations and liabilities; and
- (iii) borrow or lend such securities for the purpose of the fulfillment of settlement obligations between members of The Stock Exchange of Hong Kong Limited (the “**Exchange**”)

Such stock borrowing and lending are to be in accordance with the Exchange regulations. Any consideration payable by or to me/us for the borrowing, lending, or deposit of securities under this authorization is to be set by separate treaty.

You may do any of these things without giving me/us notice.

You remain responsible to me/us for securities borrowed, loaned, or deposited under this authorization.

I/We understand that such securities may be subject to liens of third parties and return of such securities to me/us may be subject to satisfaction of such liens.

The authorization given hereunder may be revoked by giving you a written notice addressed to your address specified in the margin client’s agreement or such other address which you may notify me/us in writing for this purpose. 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 the authorization 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 the authorization, and I/we do not object to such deemed renewal before such expiry date.

Yours faithfully,

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Client's Signature(s)

Power Securities Company Limited  
**U.S Foreign Account Tax Compliance Act (FATCA)**  
**Due Diligence on Individuals**  
**U.S. Indicia**

Account Number 客戶號碼: \_\_\_\_\_

Client Name 客戶姓名: \_\_\_\_\_

Account Executive 客戶主任: \_\_\_\_\_

Declaration by Client 客戶聲明

I, \_\_\_\_\_ (Client Name), hereby certify the following:

1. I am neither a U.S. citizen nor a U.S. resident for tax purposes. I hold a non-U.S. passport, or other identification evidencing that I am a citizen/resident of \_\_\_\_\_ (country); 本人不是美國公民及非持有美國護照之美國居民。本人持有 \_\_\_\_\_ (國家) 之護照或其他證明本人是該國家公民/居民的身份證明;
2. My residential address and/or correspondence address is/are neither U.S. address nor U.S. post-office box address; 本人之住址及通訊地址並不是美國住址或美國郵寄地址;
3. My current telephone number(s) is/are non-U.S. telephone number(s); 本人目前使用之電話號碼不是美國電話號碼;
4. I have no standing instruction given to any Foreign Financial Institutions (FFI) to transfer funds to an account maintained in the U.S.; 本人並沒有發出常設授權予任何外國金融機構以轉移資金至美國賬戶;
5. I have not signed any Power of Attorney to a person with a U.S. address; and 本人沒有授權於持有美國地址之第三者; 及
6. I neither have "hold-all-mail" instruction given to FFI nor "in care of" address as my sole address. 本人沒有向任何外國金融機構發出指示設立“代收”或“代存”地址。

I have signed a W-8BEN Form attached herewith together with a copy of my HKID Card or a valid identification issued by a government body evidencing non-U.S. citizenship. 本人已簽妥 W-8BEN 表格, 並附上有效之身份證明文件副本以茲證明本人並非美國公民之身份。

\_\_\_\_\_  
Client's Signature 客戶簽名

\_\_\_\_\_  
Date 日期

**Declaration by Account Executive (Registered Person)**

I, \_\_\_\_\_, confirming that I have explained to the client of the above U.S. Indicia questionnaire in a language of the client understandable.

\_\_\_\_\_  
Registered Person's Signature

\_\_\_\_\_  
SFC CE Number

\_\_\_\_\_  
Date

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

(Rev. July 2017)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.

► Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form if:**

**Instead, use Form:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- You are a person acting as an intermediary . . . . . W-8IMY

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner** (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits** (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_% rate of withholding on (specify type of income): \_\_\_\_\_

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here** ►

_____ Signature of beneficial owner (or individual authorized to sign for beneficial owner)	_____ Date (MM-DD-YYYY)
_____ Print name of signer	_____ Capacity in which acting (if form is not signed by beneficial owner)

To: Power Securities Company Limited

Account No.:

**Self-Certification Form – Individual**  
(Sample form for reference and adoption by financial institutions)

**Important Notes:**

- This is a self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution 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 financial institution.
- 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 financial institution 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 financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the financial institution 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 \_\_\_\_\_ (state the name of the financial institution) 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 \_\_\_\_\_ (state the name of the financial institution) 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).**