



大灣區深港證券有限公司 ("大灣區深港")
Great Bay Securities Limited ("Great Bay")
證監會註冊編號: ABQ 520
SFC CE Number: ABQ 520

證券戶口號碼
Securities Account Number: _____

證券戶口名稱
Securities Account Name: _____

(僅須填寫更改部分 Please kindly only fill changing part(s))

1. 戶口種類 Account Type

(註: 聯名戶口每戶口持有人需分別填寫一份客戶資料表格)
(Note: For Joint Account, each account holder should complete a separate Customer Information Additional Changing Form)

高淨值專業投資者 High Net Worth Professional Investor
經紀號碼 A.E. Code: _____

2. 個人資料 Personal Data

客戶名稱: Name of Client:	英文 English		
	中文 Chinese		
香港身份證/護照號碼: HKID/ Passport No.:	性別: Gender:		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
出生日期: (日/月/年) Date of Birth: (DD/MM/YY)	國籍: Nationality:		
住宅地址: Home Address:			
郵寄地址(若與以上地址不同) Mailing Address(if different from the above address)			
住宅電話: Home Phone No.:	手提電話: Mobile:	傳真號碼: Fax No.:	
此電郵地址將會用作收取電子帳單: This email address will be registered for electronic statement: 電郵地址: (適用於網上交易及/或電子帳單服務): Email Address: (For internet trading and/or electronic statement):			
公司名稱: Company Name:			
公司地址: Company Address:			
公司電話: Office Phone:	行業: Industry:	職位: Position:	

3. 客戶常設交收銀行戶口指示 Bank Account Standing Instruction for Securities

銀行名稱: Bank Name:
帳戶號碼: Account No.:

* 除非客戶於提款指示中指定另外之付款方式, 由客戶證券戶口提取之款項將會存入以上之銀行戶口。
Unless the undersigned specifies other payment method in the funds withdrawal instruction, funds withdrawn from the undersigned's Securities Account(s) shall be paid into the above bank account of the undersigned.

* 請提供存摺副本或銀行結單副本以茲證明。
Please provide copy of the passbook or copy of bank account statement as proof.

4. 財務及投資資料簡要 Financial and Investment Summary

每年總收入： Annual Income :	<input type="checkbox"/> ≤HK\$300,000	<input type="checkbox"/> HK\$300,001 - HK\$800,000	<input type="checkbox"/> HK\$800,001 - HK\$1,200,000	<input type="checkbox"/> >HK\$1,200,000
估計淨資產值： Estimated Net Worth:	<input type="checkbox"/> ≤HK\$1,000,000	<input type="checkbox"/> HK\$1,000,001 - HK\$2,000,000	<input type="checkbox"/> HK\$2,000,001 - HK\$3,000,000	<input type="checkbox"/> >HK\$3,000,000
資金來源： Source of Fund:	<input type="checkbox"/> 薪金 / 佣金 Salary / Commission	<input type="checkbox"/> 儲蓄 Savings	<input type="checkbox"/> 投資獲利 Investment Income	<input type="checkbox"/> 售出物業 Sale of real estate
	<input type="checkbox"/> 個人業務 Own Business	<input type="checkbox"/> 其他 Others:_____		
財產來源： Source of Wealth:	<input type="checkbox"/> 個人業務收益 Business Income	<input type="checkbox"/> 薪金 / 退休金 Salary / Pension	<input type="checkbox"/> 其他 Others:_____	<input type="checkbox"/> 遺產繼承 / 餽贈 Inheritance / Gift
	<input type="checkbox"/> 投資獲利 Investment Income			
住屋業權： Ownership of Residence:	<input type="checkbox"/> 擁有 Owned	<input type="checkbox"/> 沒有 Not Owned	<input type="checkbox"/> 已抵押 Mortgaged	<input type="checkbox"/> 租住 Rented
	<input type="checkbox"/> 沒有抵押 Not Mortgaged	<input type="checkbox"/> 與家人同住 With Family		

5. 投資經驗及衍生產品認識 Investment Experience & Derivative Products Knowledge

投資經驗： Investment Experience:	<input type="checkbox"/> 香港上市證券 HK listed securities	_____年 years	
	<input type="checkbox"/> 香港以外上市證券 Overseas listed securities	_____年 years	
	<input type="checkbox"/> 牛熊證/窩輪 CBBC/Warrants	_____年 years	
	<input type="checkbox"/> 期貨或期權 Futures or Options	_____年 years	
	<input type="checkbox"/> 槓桿式外匯 Leveraged Foreign Exchange	_____年 years	
	<input type="checkbox"/> 單位信託基金或債券 Unit Trusts or Bonds	_____年 years	
	<input type="checkbox"/> 結構性產品 Structured Product	_____年 years	
	<input type="checkbox"/> 槓桿及反向產品 Leveraged and Inverse Product	_____年 years	
	<input type="checkbox"/> 其他 Others:_____		
	<input type="checkbox"/> 沒有 None		
投資目的： Investment Objective:	<input type="checkbox"/> 資本增長 Capital Appreciation	<input type="checkbox"/> 投機 Speculation	<input type="checkbox"/> 套戩 Arbitrage
	<input type="checkbox"/> 賺取收入 Generating Income	<input type="checkbox"/> 對沖 Hedging	
對衍生產品之認識： Derivative Products Knowledge:	<input type="checkbox"/> 本人了解衍生產品的性質和風險： I understand the nature and risk of derivative products by:		
	1: 已接受有關的培訓或課程 Undergoing relevant training or attending course in		
	<input type="checkbox"/> 監管機構 Regulatory Authority	<input type="checkbox"/> 交易所 Exchange	<input type="checkbox"/> 大專院校 Tertiary Institution
	<input type="checkbox"/> 進修學院 Education Institution	<input type="checkbox"/> 金融機構 Financial Institution	
	2: 於經紀公司或銀行、基金或資產管理公司、監管機構或交易所等金融機構擁有有關工作經驗 By gaining prior relevant work experience in financial institutions such as a brokerage firm or bank, fund house or asset management firm, regulatory authority or exchange.		
	<input type="checkbox"/> 受監管持牌人士 Regulated Licensed Person	<input type="checkbox"/> 管理層 Management	<input type="checkbox"/> 與衍生工具相關後勤 Derivatives Related Back Office
	3: <input type="checkbox"/> 於過去三年內進行了五次或以上有關衍生產品之交易 (不論是否於交易所進行交易) Executing five or more transactions in derivative products (whether traded on an exchange or not) within the past three years.		
	<input type="checkbox"/> 本人並未有衍生產品之認識 I have NO knowledge of derivative products.		

6. 資料披露 Disclosure of Information

6.1 相關身份披露 Disclosure of identity

- i 閣下是否任何交易所、交易委員會、結算所、銀行或信託公司代理人、高級人員、員工；或任何引薦經紀的聯屬人；或任何證券經紀、期貨經紀或持牌法團的高級人員、合伙人、董事或員工？

Are you an agent, officer or employee of any exchange, board of trade, clearing house, bank or trust company; or an affiliate of any introducing broker; or an officer, partner, director or employee of any securities broker, futures broker or licensed corporation?

<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes 請詳述 Please provide details:	交易所、交易委員會、結算所、銀行、信託公司、證券經紀、期貨經紀或持牌法團名稱： Name of the exchange, board of trade, clearing house, bank, trust company, securities broker, futures broker or licensed corporation 閣下同意大灣區深港可於提供任何服務給予閣下前接觸上述人士並須得到該人士同意。 You agree that Great Bay may approach the above person to obtain its consent before providing any service to you.
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- ii 閣下有沒有親屬於大灣區深港工作

Relative(s) working in Great Bay:

<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes 請詳述 Please provide details:	親屬姓名 Name:	關係 Relationship:
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6.2 最終受益於交易及承擔風險人士 Person ultimately benefiting from the transactions and bearing the risks:

<input type="checkbox"/> 客戶本人 The Client	<input type="checkbox"/> 其他 Other 請詳述 Please provide details:	姓名 Name:	香港身份證 / 護照號碼 HKID / Passport No.:
		地址 Address:	
			電話 Phone No.:

6.3 最終負責發出指示的人士 Person ultimately responsible for originating instructions:

<input type="checkbox"/> 客戶本人 The Client	<input type="checkbox"/> 其他 Other 請詳述 Please provide details:	姓名 Name:	香港身份證 / 護照號碼 HKID / Passport No.:
		地址 Address:	
			電話 Phone No.:

6.4 關連客戶 Connected Client

適用於大灣區深港的客戶 For customer of Great Bay only

請披露閣下是否為大灣區深港或其所屬集團的「關連客戶」(根據香港聯合交易所有限公司證券上市規則所定義)及其詳情。
Please disclose whether you are a "connected client" (as defined under the Rules Governing the Listing of Securities of The Stock Exchange of Hong Kong Limited) of Great Bay or the group in which Great Bay is a member and if so, please provide the details.

<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes 請詳述 Please provide details:	
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7. 保證金戶口客戶資料披露 Margin Account Customer's Disclosure of Information

適用於大灣區深港的保證金客戶 For Margin Account customer of Great Bay only

- i 閣下的配偶是否大灣區深港的保證金客戶? Is your spouse a margin customer of Great Bay?

<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes 請詳述 Please provide details:	配偶姓名 Spouse Name:	保證金戶口號碼 Margin Account No.:
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- ii 閣下是否個人或與閣下的配偶共同控制任何大灣區深港的公司保證金客戶35%或以上的投票權?

Are you, either alone or with your spouse, in control of 35% or more of the voting rights of any corporate margin customer of Great Bay?

<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes 請詳述 Please provide details:	公司名稱 Company Name:	保證金戶口號碼 Margin Account No.:
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- iii 閣下是否有任何集團公司為大灣區深港的公司保證金客戶?

Is any of your group company a corporate margin customer of Great Bay?

<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes 請詳述 Please provide details:	公司名稱 Company Name:	保證金戶口號碼 Margin Account No.:
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8. 客戶聲明 Customer's Declaration

本人 / 吾等保證上述資料為真實及正確，並授權大灣區深港通過任何人士進行核實。本人 / 吾等承諾在客戶資料表格提供的資料如有任何變更，會立即通知大灣區深港。我/我們確定貴公司可完全依賴以上資料作任何用途，除非貴公司再收到任何書面通知的更改。

I / We warrant that the above information is true and correct, and authorize Great Bay to verify it with any source. I / We undertake to promptly notify Great Bay if there is any change in the information provided by me/us in this Customer Information Additional changing form. I/We hereby certify that the above information is complete and correct and you may use it for any purpose until you receive my/our further written instruction.

客戶簽署 Client Signature

(個人) (Individual)

姓名 Name _____ 日期 Date _____

客戶簽署 Client Signature

(聯名客戶) (Joint)

姓名 Name

姓名 Name

姓名 Name

日期 Date _____

日期 Date _____

日期 Date _____

見證客戶簽署及身份證明文件驗證〈如適用〉

Certification of Client Signature and Identity Proof (if applicable)

若客戶/聯名客戶提供的客戶資料附加更改表格同時更改內容涉及須提供文件包括但不限於身份證明文件、三個月內地址證明，則以下部分應由指定人士，包括其他證監會持牌人或註冊人、太平紳士或專業人士例如執業會計師、律師或公證人，簽署驗證。而該指定人士需提供其已簽署之身份證明文件副本及專業資格證明文件之副本予我們。

If this Customer Information Additional Changing Form is not executed in front of Great Bay Securities Limited's Securities and Futures Commission ("SFC")

licensed representative then it should be executed in front of a specified person including any SFC licensed or registered person, a Justice of Peace, or a professional person such as practising certified public accountant, lawyer or notary public. The specified person should provide us with self-certified identify copy and copy of the professional qualification documents.

_____ 內部專用 For Internal Use Only _____

AE Name: C.E. No.:	Date:	Approved by Resopnsible Officer Name:	Date:
Signature Verification&Input Name:	Date:	Checked by Resopnsible Officer Name: C.E. No.:	Date: