

Client's Information

(Individual/Joint Account)

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		
Correspondence (choose one only, all communications, including client statements, will be sent to)		
<input type="checkbox"/> E-mail address [please complete "Client's Consent (Electronic Communication)" of this form]		
<input type="checkbox"/> Residential Address <input type="checkbox"/> Correspondence Address <input type="checkbox"/> Others: _____		
Net Worth	Annual Income	
Source of Fund		
Any relationship with any staff of Astrum Capital Management Limited or any of its Group Companies?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, with who?	Relationship	
Are you trading or otherwise dealing in the Securities you instruct us to buy or sell as principal and beneficial owner thereof?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, please specify in what capacity you are trading or dealing in the Securities:		

Employment Status		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
<input type="checkbox"/> Others: _____		
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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you agree that we will notify your employer and obtain their consent of your opening and maintaining of this account?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Address		
Nature of Business		Position Held
Bankers	Bank Account No.	
Tel No. (Res)	(Off)	Fax No.

Related Persons

Are you the spouse of another margin client(s) of us? (Please "✓" where appropriate)

- No
- Yes, please specify: Name of spouse:_____ 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:

<i>Account Number</i>	<i>Name of Account Holder</i>	<i>Relationship with Account Holder</i>
_____	_____	_____
_____	_____	_____

Electronic Stock Trading Services – Internet Services

You request us to provide internet services for your account opened with us. You agree that you shall be bound by the Terms in Connection with Internet Services set out in Appendix 2.

- Yes
- No

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

<input type="checkbox"/> Income	<input type="checkbox"/> Capital Gain	<input type="checkbox"/> Short Term Growth
<input type="checkbox"/> Long Options	<input type="checkbox"/> Write Covered Options	<input type="checkbox"/> Write Uncovered Options
<input type="checkbox"/> Hedging	<input type="checkbox"/> Options Speculation	<input type="checkbox"/> Options Strategic

Investment Experience

	Stocks	Warrants	Options	Futures
No. of Year(s)				
No. of Transaction per Year				
Typical Transaction Size (in HK\$)				

Derivative Products Experience

Have you traded 5 or more transactions in any derivative or structure 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. signing singly, any two jointly, or wholly etc.)

CLIENT'S DECLARATION

I/We confirm the information provided above is true, complete and correct. I/We will notify you of any material changes to the above information.

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

Please attach certified copies of the following documents:-

- HKID or Passport copy
- Residential address proof issued within 3 months

For Joint Account, please make extra copy of this form and complete all the above information for each individual person.