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公司帳戶開戶表格 Corporate Account Opening Form

藍山證券有限公司 Bluemount Securities Limited Office: Rm 2403-05, 24/F, Jubilee Centre, 18 Fenwick Street, Wan Chai, Hong Kong SFC Licensed Corporation 證監會核准持牌法團(CE#: BHR496)	帳戶號碼 A/C no.	
	帳戶名稱 A/C Name	

A. 公司資料 Information of Corporate Client (Please complete in BLOCK LETTERS 請用正楷填寫)

本人_____代表名稱列於本表格之公司，現向藍山證券有限公司申請開立下列帳戶。
 I _____, on behalf of the above named company, hereby apply to set up with Bluemount Securities Limited the below trading account(s).

客戶簽署 Signature of Client: _____

公司姓名 Company Name <small>(必須出示公司註冊證明文件副本 Required to present the copy of the Business Registration)</small>	中文 Chinese	交易帳戶 Trading Account(s)	<input type="checkbox"/> 現金託管帳戶(港股) Custodian A/C-HK Stock <input type="checkbox"/> 保證金帳戶(港股) Margin A/C-HK Stock <input type="checkbox"/> 保證金帳戶(環球股票) Margin A/C-Global Stock
	英文 English	通訊語言 Language Preferred	<input type="checkbox"/> 繁體中文 Traditional Chinese <input type="checkbox"/> 英文 English
註冊日期 Date of Incorporation	YYYY 年 ____ MM 月 ____ DD 日 ____	註冊證書號碼 C.I. No.	
註冊地點 Place of Incorporation		香港商業登記證號碼 B.R. No. in Hong Kong	
公司性質 (即私人/公共有限公司) Nature of Entity <small>(i.e. private or public limited company, etc)</small>		業務性質 Nature of Business	

B. 其他客戶資料 Other Corporate Information

1. 聯絡資料 Contact Information

註冊地址 Registered Address		公司電話號碼 Office No.	
主要辦公室地址 Principal Business Address		傳真號碼 Fax No	
電郵地址 Email Address		流動電話號碼 Mobile No.	

證券帳戶日結單、月結單及重要通訊送遞至: 註冊地址 主要辦公室地址 電郵地址
 Stock A/C Daily and Monthly Statements and Correspondence to: Registered Address Principal Business Address Email Address

#客戶不同意本公司使用貴司資料，經以下渠道作直接促銷 (請在格內填上「X」)

電郵 By email 電話 By phone 郵寄通訊 By post

*如貴司沒有在以上任何格內加上「X」號顯示貴司的選擇，即代表貴司並不拒絕本公司任何形式的直接促銷。貴司以上的選擇適用於本公司的《個人資料收集聲明》上所載的服務、產品及標的類別的直接促銷，詳情請貴司參考上述聲明。If you return this Form without crossing any of the above boxes, it means that you do not object to any form of the company's direct marketing. Your above choice applies to the direct marketing of the classes of services, products and subjects as set out in the company's "Personal Information Collection Statement". Please refer to the aforesaid statement for details.

2. 銀行戶口資料 Bank Account Information

<input type="checkbox"/> 港元 HK Dollar	銀行名稱 Name of Bank		銀行帳戶號碼 Bank Account No.	
<input type="checkbox"/> 美元 US Dollar	銀行名稱 Name of Bank		銀行帳戶號碼 Bank Account No.	
<input type="checkbox"/> 人民幣 RMB	銀行名稱 Name of Bank		銀行帳戶號碼 Bank Account No.	

如屬本公司聯名帳戶，支票付予 Payable to 聯名 Joint Name 第一戶口持有人 1st A/C Holder 第二戶口持有人 2nd A/C Holder in case of Joint Account

3. 全部董事資料 All Director(s) Information

董事姓名 Name(s) of Director(s)	身份證號碼/ 護照號碼 ID Card No./ Passport No.	主要股東 Major Shareholder(s)	身份證號碼/ 護照號碼 ID Card No./ Passport No.	持股比例 Shareholding %
1				%
2				%
3				%

4. 股東資料 Shareholder(s) Information

若空格不敷使用，請另紙填寫，並予以簽署。Please attach extra sheets and sign if necessary



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5. 授權操作帳戶人資料 Authorized Person(s) Information

授權人簽署 Authorized Person Signature			
姓名 Name			
香港身份證或護照號碼 Hong Kong ID or Passport No.			
聯絡電話 Contact No			
現時住址 Current Residence Address			

簽署指示 Signing Instruction : 單簽 Anyone can sign singly 任何兩人同簽 Any two must sign jointly 其他 Others : _____

C. 客戶投資經驗及目標 Client Investment Experience and Objective

投資經驗 Investment Experience	<input type="checkbox"/> 沒有 NIL <input type="checkbox"/> 少於1年 Less than a year <input type="checkbox"/> 1-5年 years <input type="checkbox"/> 6-10年 years <input type="checkbox"/> 10年以上 More than 10 years	估計投資金額 Estimated Investment Amount	<input type="checkbox"/> 少於港幣\$100,000 <input type="checkbox"/> 港幣\$100,000-港幣\$500,000 <input type="checkbox"/> 港幣\$500,001-港幣\$1,000,000 <input type="checkbox"/> 超過港幣\$1,000,000
曾投資的產品 Experienced Product(s)	<input type="checkbox"/> 證券 Stocks <input type="checkbox"/> 認股權證 Warrants <input type="checkbox"/> 期貨/期權 Futures/Options <input type="checkbox"/> 外匯/黃金 Forex/Bullion <input type="checkbox"/> 債券 Bonds <input type="checkbox"/> 基金 Funds <input type="checkbox"/> 其他 Others: _____ <input type="checkbox"/> 沒有 NIL	投資目標 Investment Objectives	<input type="checkbox"/> 短期 Short term <input type="checkbox"/> 中線 Medium Term <input type="checkbox"/> 長線 Long Term <input type="checkbox"/> 資本增值 Capital Appreciation <input type="checkbox"/> 股息回報 Dividend Yield <input type="checkbox"/> 對沖 Hedging <input type="checkbox"/> 投機 Speculation <input type="checkbox"/> 其他 Others: _____

D. 客戶財政資料 Client Financial Information

法定股本 Authorised Capital		發行股本 Paid-up Capital	
淨資產值 Net Asset Value	根據最近的審計賬目 Based on latest audited accounts as at ____/____ 年度 <input type="checkbox"/> <HK\$1,000,000 <input type="checkbox"/> HK\$1,000,001 - HK\$5,000,000 <input type="checkbox"/> HK\$5,000,001 - HK\$10,000,000 <input type="checkbox"/> >HK\$10,000,000	除稅後盈利 Profit after Tax	根據最近的審計賬目 Based on latest audited accounts as at ____/____ 年度 <input type="checkbox"/> <HK\$500,000 <input type="checkbox"/> HK\$500,001 - HK\$1,000,000 <input type="checkbox"/> >HK\$1,000,000 <input type="checkbox"/> 虧損, 數額為 Loss with amount at HK\$ _____

若空格不敷使用, 請另紙填寫, 並予以簽署。Please attach extra sheets and sign if necessary



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E. 客戶聲明 Declaration by Client

身份披露 Disclosure of Identity (監管機構規定 Regulatory Requirements)

客戶是否為證券及期貨事務監察委員會定義之持牌法團或註冊機構? Is client a licensed corporation registered with the Securities and Futures Commission or registered institution under the Banking Ordinance? 如是 If yes, 中央編號 CE No.: _____	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes <input type="checkbox"/> HKMA <input type="checkbox"/> SFC	
客戶是否以中介人身份操作帳戶? Are you acting as an intermediary for the account? 如是, 戶口的最終權益擁有人是 If yes, details of the ultimate beneficial owner(s) is/are: 名稱 Name: _____ 身份證號碼/護照號碼 No. of ID/Passport: _____ 簽發機構 Issue Authority: _____ 地址 Address: _____	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	
客戶之任何董事、股東或授權人士是否藍山金融集團的客戶? Is any director, shareholder or authorized person of the client a client of Bluemount Financial Group? 如是 If yes, 帳戶號碼 Account No.: _____ 帳戶名稱 Account Name: _____	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	
客戶之任何董事、股東或授權人士是否藍山金融集團的職員? Is any director, shareholder or authorized person of the client a staff of Bluemount Financial Group? 如是 If yes, 職員名稱 Name: _____ 職位 Position: _____	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	
客戶之任何董事、股東或授權人士與藍山金融集團職員是否有親戚關係? Does any director, shareholder or authorized person of the client have any relationship with the employee of Bluemount Financial Group? 如是 If yes, 職員名稱 Name: _____ 關係 Relationship: _____	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	
客戶是否在其他持牌法團/註冊機構擁有戶口? Do you have accounts with other licensed corporation or registered institution? 如是 If yes, 持牌法團/註冊機構名稱 Name of licensed corporation or registered institution 戶口類別 A/C Type : <input type="checkbox"/> 現金 Cash <input type="checkbox"/> 保證金 Margin <input type="checkbox"/> 股票期權 Stock Options <input type="checkbox"/> 期貨 Futures <input type="checkbox"/> 網上交易帳戶 Internet <input type="checkbox"/> 資產管理 Asset Management	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	
客戶之任何董事、股東或授權人士是否為香港聯合交易所參與者或任何根據證券及期貨條例註冊持牌法團或銀行業條例之註冊機構之僱員 (不管閣下現時是否為證監會持牌代表/金管局註冊人士)? Is any director, shareholder or authorized person of the client an employee of any participant of the Stock Exchange of Hong Kong, a licensed corporation under the Securities and Futures Ordinance, or a registered institution under the Banking Ordinance (whether he/she is currently a SFC licensed/HKMA registered person or not)? 如是 If yes, 參與者/持牌法團/註冊機構名稱: Participant/Licensed Corporation: _____ 職位 Position: _____ /Registered Institution Name 中央編號 CE No.:(Employer 僱主) _____/(Employee 僱員) _____ (If applicable 如適用) (必須出示所屬持牌法團或註冊機構之授權信 Consent Letter from licensed corporation or registered institution must be provided)	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	
客戶之任何董事、股東或授權人士是否擔任重要公職, 例如重要政客或高級政府官員、司法或軍事官員、國有企業高級行政人員及重要政黨幹事或其配偶、伴侶、子女、父母或子女的配偶或伴侶, 或有密切關係人士? Is or has been the client entrusted with a prominent public function, including a head of state, head of government, senior politician, senior government, judicial or military official, senior executive of a state-owned corporation and an important political party official or a spouse, a partner, a child, a parent, or a spouse or a partner of a child of the client or a close associate of the client?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	



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F. 客戶確認及簽署 Acknowledgement and Execution by Client

1. 吾等(在下面簽署的客戶)確認藍山證券有限公司(下稱“藍山證券”)已按吾等選擇的語言(英文或中文)提供了客戶協議書及風險披露聲明之副本。
2. 吾等(在下面簽署的客戶)謹此聲明在本開戶表格所提供之資料全部為真實、完整及正確，除非藍山證券接到更改有關本開戶表格內容之書面通知，否則藍山證券有權完全依賴此等資料及聲明作一切用途。藍山證券或其代理獲授權可隨時就核對本開戶表格資料事宜，與任何人包括吾等之銀行、經紀或任何信用機構進行諮詢。
3. 吾等(在下面簽署的客戶)現申請開立吾等在本開戶表格頁首選擇之帳戶及服務類別。吾等確認已閱讀並明白附上之藍山證券有限公司客戶協議書〈該協議書〉的所有有關條款並且接受及同意受可不時被修改的該協議書之條款所約束，吾等在此以書面通知、及確認並授權藍山證券行使在該協議書內的全部常設授權。
4. 吾等(在下面簽署的客戶)進一步確認藍山已經邀請吾等閱讀風險披露聲明，提出問題及徵求獨立的意見(如吾等有此意願)。
5. 吾等(在下面簽署的客戶)已仔細閱讀、完全理解並同意接受及遵守客戶協議書內之個人資料收集聲明。

1. We, the undersigned client(s) hereby confirm that We have been provided the Client Agreement (“the Agreement”) of Bluemount Securities Limited (“Bluemount Securities”) and the Risk Disclosure Statements (receipt of a copy whereof is hereby acknowledged by us).
2. We, the undersigned client(s) hereby confirm and represent that the information on this Account Opening Form is true, complete and correct. Bluemount Securities is entitled to rely fully on such information and representations for all purposes, unless Bluemount Securities receives notice in writing of any change. Bluemount Securities or any of its agents is hereby authorized at any time to contact anyone, including our company or any credit agency, for the purpose of verifying the information provided on this Account Opening Form.
3. We, the undersigned client(s) hereby apply to open the types of account(s) and service(s) which We choose on the front page of this Account Opening Form and confirm that We have read and understand the relevant provisions of the attached Client Agreement and accept and agree to be bound by the Agreement as the same may be amended from time to time, and We hereby give you notice in writing that we confirm and authorize Bluemount Securities to exercise all the powers of the Standing Authorities under the Client Agreement.
4. We, the undersigned client(s) further acknowledge and confirm that We have been invited by Bluemount Securities to read the Risk Disclosure Statements, ask questions and take independent advice, if We wish.
5. We, the undersigned client(s) have carefully read, fully understood and agreed to accept and be bound by the Personal Information Collection Statement of the Agreement.

Date 日期：年 YYYY ____ 月 MM ____ 日 DD ____

授權代表簽署 Signed by Authorized Person	公司印章 Company Chop
授權代表姓名 Name of Authorized Person	
職位 Position	



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G. 自動交換財務賬戶資料協定(“AEOI”)自我證明

Automatic Exchange of Financial Account Information (“AEOI”) Self Declaration

重要提示 Important Notes :

- 根據香港《稅務條例》(第112章)，這是由吾(等)(下稱「本公司」)向藍山提供的自我證明表格，以作自動交換財務賬戶資料用途。藍山可把收集所得的資料交給稅務局，稅務局會將資料轉交到其他稅務管轄區的稅務當局
According to the Inland Revenue Ordinance (Cap. 122) of Hong Kong, this is a self-certification form provided by us (the “Company”) to Bluemount for the purpose of automatic exchange of financial account information. The data collected may be transmitted by Bluemount to the Inland Revenue Department for transfer to the tax authority of another jurisdiction(s).
- 如本公司的稅務居民身分有所改變，應盡快將所有變更通知藍山。
The Company should report all changes in its tax residency status to Bluemount

A. 客戶類別 Customer Type

在其中一個適當的方格內加上剔號，並提供有關資料。 Tick one of the appropriate boxes and provide the relevant information.

財務機構 Financial Institution	<input type="checkbox"/> 託管機構、存款機構或指明保險公司 Custodial Institution, Depository Institution or Specified Insurance Company (FINA) <input type="checkbox"/> 投資實體，但不包括由另一財務機構管理(例如：擁有酌情權管理投資實體的資產)並位於非參與稅務管轄區的投資實體 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 (FINB)
主動非財務實體 Active NFE	<input type="checkbox"/> 客戶的股票經常在_____ (一個具規模證券市場)進行買賣 The stock of the customer is regularly traded on _____ which is an established securities market (ANFA) <input type="checkbox"/> _____的有關連實體，而該有關連實體的股票經常在_____ (一個具規模證券市場)進行買賣 Related entity of _____, the stock of which is regularly traded on _____ which is an established securities market (ANFB) <input type="checkbox"/> 政府實體、國際組織、中央銀行或由前述的實體全權擁有的其他實體 NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities (ANFC) <input type="checkbox"/> 除上述以外的主動非財務實體 Active NFE other than the above (ANFD) (請說明 Please specify: _____)
被動非財務實體 (請填寫III部) Passive NFE (Please complete Part III)	<input type="checkbox"/> 位於非參與稅務管轄區並由另一財務機構管理的投資實體 Investment entity that is managed by another financial institution and located in a non-participating jurisdiction (PNFA) <input type="checkbox"/> 不屬主動非財務實體的非財務實體(請填寫III部) NFE that is not an active NFE (PNFB)

B. 控權人 (如客戶類別是被動非財務實體，填寫此部) (不限於8個)

Controlling Persons (Complete this part if the customer type is a passive NFE) (Not restricted to 8)

就本公司填寫所有控權人的姓名在列表內。就法人實體，如行使控制權的並非自然人，控權人會是該法人實體的高級管理人員。 Indicate the name of all controlling person(s) of the “company” 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.

每名控權人須分別填寫一份自動交換財務賬戶資料協定(“AEOI”)自我證明表格 - 控權人。 Complete Automatic Exchange of Financial Account Information (“AEOI”) Self-Certification Form – Controlling Person for each controlling person.

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

C. 居留司法管轄區及稅務編號或具有等同功能的識辨編號 (以下簡稱「稅務編號」) * Jurisdiction of Residence and Tax Identification Number or its Functional Equivalent (“TIN”)*

提供以下資料，列明 (a) 本公司的居留司法管轄區，亦即本公司的稅務管轄區 (香港包括在內) 及 (b) 該居留司法管轄區發給本公司的稅務編號。列出所有 (不限於5個) 居留司法管轄區。 Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the “company” is a resident for tax purposes and (b) the account holder's Tax Identification Number (TIN) for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence.

如本公司是香港稅務居民，稅務編號是其香港商業登記號碼。 If the “company” is a tax resident of Hong Kong, the TIN is the Hong Kong Business Registration Number.

如果本公司並非任何稅務管轄區的稅務居民 (例如：它是財政透明實體)，填寫實際管理機構所在的稅務管轄區。 If the “company” is not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which its place of effective management is situated.



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如沒有提供稅務編號，必須填寫合適的理由：If a TIN is unavailable, provide the appropriate reason A, B or C:

理由A – 本公司的居留司法稅務管轄區並沒有向其居民發出稅務編號。

Reason A – The jurisdiction where the “company” is a resident for tax purposes does not issue TINs to its residents.

理由B – 本公司不能取得稅務編號。如選取這一理由，解釋本公司不能取得稅務編號的原因。

Reason B – The “company” is unable to obtain a TIN. Explain why the “company” is unable to obtain a TIN if you have selected this reason.

理由C – 本公司毋須提供稅務編號。居留司法管轄區的主管機關不需要本公司披露稅務編號。

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.

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號， 填寫理由A、B或C Enter Reason A, B or C if no TIN is available	如選取理由B，解釋不能取得稅務編號的原因 Explain why the account holder is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

吾(等)知悉及同意，藍山可根據《稅務條例》(第112章)有關交換財務賬戶資料的法律條文，(a) 收集本表格所載資料並可備存作自動交換財務賬戶資料用途及(b) 把該等資料和關於賬戶持有人及任何須申報賬戶的資料向香港特別行政區政府稅務局申報，從而把轉交到賬戶持有人的居留司法管轄區的稅務當局。

I(We) acknowledge and agree that (a) the information contained in this form is collected and may be kept by Bluemount 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 Bluemount 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).

吾(等)證明，就與本表格所有相關的賬戶，吾(等)獲本公司授權簽署本表格。I/We certify that I/we am/are authorized to sign for the “company” of all the account(s) to which this form relates.

吾(等)承諾，如情況有所改變，以致影響本表格第1部所述的實體的稅務居民身分，或引致本表格所載的資料不正確，吾(等)會通知藍山，並會在情況發生改變後30日內，向銀行提交一份已適當更新的自我證明表格。I/We undertake to advise Bluemount of any change in circumstances which affects the tax residency status of the entity identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Bluemount with a suitably updated self-certification form within 30 days of such change in circumstances.

警告：根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級(即\$10,000)罰款。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).



處理職員 Processed by		核對職員 Checked by	
職員號碼 Staff No.		職員號碼 Staff No.	

H. 見證客戶簽署及身份證明文件驗證 *Certification of Client Signature and Identity Proof*

若客戶/聯名客戶並非在藍山證券有限公司之指定僱員面前簽立本開戶表格或本開戶表格並非連同恰當的支票[^]一併遞交，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銀行分行經理、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。

If this Account Opening Form is not executed in front of Bluemount Securities Limited's SFC licensed employee or is not submitted with an appropriate cheque[^], a specified person, including any SFC licensed or registered person, a Justice of Peace, a Branch Manager of a bank, Certified Public Accountant or Notary Public, should be required to sign below. The specified person should provide us with self-certified ID copy and copy of the professional qualification documents.

Date 日期：年 YYYY ____ ____ ____ 月 MM ____ ____ 日 DD ____ ____

簽署及驗證 Signed and Certified by	姓名 Name
	所屬專業及職銜 Profession /Title
聯絡電話 Contact No	聯絡地址 Address

[^]客戶在香港的持牌銀行開立的帳戶並由客戶所簽發(該簽名須與此開戶表上的客戶簽名相符)並載有客戶在其身份證明文件上所顯示的姓名的劃線支票，而該支票抬頭人須為“藍山證券有限公司”及其數額不得少於 10,000 港元。客戶被批核的新帳戶必須待支票兌現後才可使用。A crossed cheque bearing your name shown in your identity document and drawn on your account with a licensed bank in Hong Kong with your same signature(s) as shown on this Form in favour of "Bluemount Securities Limited" for not less than HKD10,000. Your approved new account will not be activated until the cheque is cleared.

I. 職員聲明 *Declaration by Staff*

本人，以註冊人身份，確認本人已按照上述客戶所選擇的語言提供風險披露聲明之副本及邀請客戶閱讀該風險披露聲明、提出問題及徵求獨立意見(如客戶有此意願)。I, a registered person, declare that I have provided the above client with a copy of the Risk Disclosure Statement in a language of the Client's choice and invited the client to read the Risk Disclosure Statement, ask questions and take independent advice if the client so wishes.
#以上客戶簽署乃於本人面前簽立。The above Client signature(s) was/were made in my presence.

下述簽署人士謹此驗證上述客戶簽立此文件(連同客戶協議書)及其有關的身份證明文件：

The undersigned person hereby certify the signing of this Account Opening Form (together with the Client Agreement) by the above Client(s) and sighting of related ID documents of such client(s)

簽署及驗證 Signed and Certified by	姓名 Name
	中央編號 CE no.
##向客戶確認 Confirmation with client 確認職員姓名 _____	
時間Time:時HH _____ 分MM _____	

- 完 End -



處理職員 Processed by		核對職員 Checked by	
職員號碼 Staff No.		職員號碼 Staff No.	

職員專用

核對清單

- 客戶年滿 18 歲
- 身份證/護照副本
- 最近三月附客戶姓名之住址證明
- 核實簽署之支票 (如需要)
- 保留支票副本
- 香港持牌銀行支票
- 抬頭人為藍山證券有限公司
- 銀碼不少於 HK\$10,000
- 支票上之客戶名稱與本表格相符
- 支票上之客戶簽署與本表格相符
- W8BEN 表格 (美股交易適用)
- 投資者分類確認回條 (衍生產品)

經簽署作實之公司文件副本

- 通過在藍山證券有限公司及指派獲授權人士操作戶口的董事會決議案
- 公司註冊證書
- 商業登記證書
- 公司組織章程及細則
- 最近之財政報告
- 所有董事及授權人士之身份証
- 重覆帳戶/黑名單帳戶
- 其他

開戶批核 批核人名稱 日期 _____ 年 _____ 月 _____ 日	備註 Remarks
---	------------

藍山證券有限公司 BLUEMOUNT SECURITIES LIMITED

防止黑錢及防止恐怖份子籌資活動問卷 (公司)

ANTI-MONEY LAUNDERING & ANTI-TERRORIST FINANCING QUESTIONNAIRE (Corporate)

客戶名稱 A/C Name _____

客戶號碼 A/C No. _____

防止黑錢及防止恐怖份子籌資活動問卷 (公司)

ANTI-MONEY LAUNDERING & ANTI-TERRORIST FINANCING QUESTIONNAIRE (Corporate)

請選答(i)、(ii)或(iii)其中一項及簡簽 PLEASE ANSWER AND INITIALIZE FOR EITHER PART (i), (ii) OR (iii).

註:【如以下任何一項問題的答案是“否”的話，風險評估將視之為“高”。負責的職員/經紀必須完成本行之進階盡職審議，待問卷完成後，才可交予上級批示。】

Note: If the answer to any of the following questions is "No", the result of the risk assessment would be "High". The responsible staff must complete the enhanced due diligence of our company prior to escalating to the superior for approval.

(i) 本地客戶(如客戶公司屬香港登記) For Local Client (i.e. Company registered in Hong Kong)

- | | |
|--|---|
| A 貴公司並非與政界人士有聯繫? (政界人士:指目前或以往曾經擔任重要公職的人士，如國家或政府的首長，資深政客，政府高級官員和重要政黨官員等)
Is your company not linked to politically exposed persons? (Politically exposed person - individual who is or has been entrusted with prominent public function, e.g. head of state/government, senior politician, senior executive of government-owned corporation, important political party official, etc) | <input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No |
| B 貴公司的業務性質並不是特別容易蒙受較高的洗黑錢風險? (舉例:如會接觸大量現金往來)
Is the nature of your company's business not particularly susceptible to money laundering risk? (For example, handles large amount of cash) | <input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No |
| C 貴公司的金錢來源不是源於或涉及非法所得?
Does your company's money might not be arising from or related to proceeds of crimes? | <input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No |

(ii) 海外客戶(如客戶公司屬海外登記) For Overseas Client (i.e. Company registered outside Hong Kong)

- | | |
|---|---|
| A 貴公司的註冊國家是否財務行動特別組織的成員? (財務行動特別組織成員包括:阿根廷、澳大利亞、奧地利、比利時、巴西、加拿大、中國、丹麥、芬蘭、法國、德國、希臘、香港、冰島、愛爾蘭、意大利、日本、盧森堡、墨西哥、荷蘭、紐西蘭、挪威、葡萄牙、俄羅斯聯邦、新加坡、南非、西班牙、瑞典、瑞士、土耳其、英國、美國、歐洲委員會及海灣合作理事會)
Is the country that your company registered from a member of the Financial Action Task Force ("FATF")? (Members of FATF include: Argentina, Australia, Austria, Belgium, Brazil, Canada, China, Denmark, Finland, France, Germany, Greece, Hong Kong, Iceland, Ireland, Italy, Japan, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Portugal, Russian, Federation, Singapore, South Africa, Spain, Sweden, Switzerland, Turkey, United Kingdom USA, European Commission, and the Gulf Cooperation Council)
最新財務行動特別組織成員 Updated List for Members of FATF
http://www.fatf-gafi.org/countries/#FATF | <input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No |
| B 貴公司的註冊國家是否已有現行的法律或條例立以制止洗黑錢的活動?
Are you located in a country with established laws/regulations designed to prevent money laundering? | <input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No |
| C 如貴公司於第(B)題的答案選擇“是”，貴公司是否受到現行的法律或條例所管制?
If the answer to (B) is YES, is your company subject to such laws/regulations? | <input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No |
| D 貴公司是否就反洗黑錢條例或反恐怖份子籌資活動條例維持著“無罪紀錄”? 如否，請另外提交一份詳細的資料。
Has your company maintained a "no conviction record" for anti-money laundering or anti-terrorist financing legislation? If no, please provide details on a separate sheet. | <input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No |

(iii) 如貴公司的業務涉及處理第三者的資產(如基金經理·股票經紀)·請回答以下的問題。

For client whose business involves handling third party assets (e.g. fund manager, stockbrokers), please answer the following questions.

- | | |
|--|---|
| <p>A 貴公司(包括外國的分行及子公司)是否已制訂書面政策·並執行內部程序和管理·以打擊洗黑錢的活動?
Has your company (including foreign branches and subsidiaries, if any) established written policies and implemented internal procedures and controls to combat money laundering?</p> | <p><input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No</p> |
| <p>B 貴公司就舉報可疑的活動和交易是否已確立程序向適當的監控組織報告?
Are there documented procedures of your institution for reporting suspicious activities and transactions to the appropriate authorities?</p> | <p><input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No</p> |
| <p>C 貴公司有否已制訂政策與程序·確保已採用合理方法去取得客戶真正身份的資料·並將有關資料於適用的法律所規定時限內予以保留?
Has your company established policies and procedures to ensure that reasonable measures are taken to obtain information about the true identity of your customers, and are these records retained for a period of time specified by the applicable law?</p> | <p><input type="checkbox"/> 是 Yes
<input type="checkbox"/> 否 No</p> |

客戶簽署 Client's Signature(s) : _____ 日期 Date: _____

.....

風險評估 Risk Assessment : 低 Low / 中 Medium / 高 High*

填寫 Prepared By: _____ 日期 Date _____

批核 Approved By:
負責人員 Responsible
Officer _____ 日期 Date _____

(如風險評估屬“高”·須完成進階盡職審查才可予以批核開戶)

(If Risk Assessment is “HIGH”, sign off after performance of enhanced due diligence procedures)

致: 藍山證券有限公司
To: Bluemount Securities Limited

Room 2403-05, 24/F,
Jubilee Centre,
18 Fenwick Street,
Wan Chai,
Hong Kong

帳戶號碼

Account No. : _____

自我證明表格 - 實體 Self-Certification Form - Entity

重要事項示 Important Notes:

1) 這是由帳戶持有人向申報財務機構提供的自我證明表格，以作自動交換財務帳戶資料用途。申報財務機構可把收集所得的資料交給稅務局，稅務局將資料轉交到另一稅務管轄區的稅務當局。

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.

2) 如帳戶持有人的稅務居民身分有所改變，應盡快將所有變更通知申報財務機構。

An account holder should report all changes in his/her tax residency status to the reporting financial institution.

3) 除不適用或特別註明外，必須填寫這份表格所有部分。如這份表格上的空位不夠應用，可另紙填寫。在欄/部標有星號(*)的項目為申報財務機構須向稅務局申報的資料。

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.

第 1 部 實體帳戶持有人的身分識辨資料

Part 1 Identification of Entity Account Holder

(對於聯名帳戶或多人聯名帳戶，每名實體帳戶持有人須分別填寫一份表格)

(For joint or multiple account holders, complete a separate form for each entity account holder.)

*實體或分支機構的法定名稱 *Legal Name of Entity or Branch	
實體成立為法團或設立所在的稅務管轄區 Jurisdiction of Incorporation or Organisation	
香港商業登記號碼 Hong Kong Business Registration Number	
現時住址 Current Residence Address	(例如：室、樓層、大廈、街道、地區 e.g. Suite, Floor, Building, Street, District)
	*城市 *City
	(例如：省、州 e.g. Province, State)
	*國家 *Country
	郵政編碼/郵遞區號碼 Post Code/ZIP Code
通訊地址 Mailing Address (如通訊地址與現時住址不同，填寫此欄 Complete if different to the current residence address)	(例如：室、樓層、大廈、街道、地區 e.g. Suite, Floor, Building, Street, District)
	城市 City
	(例如：省、州 e.g. Province, State)
	國家 Country
	郵政編碼/郵遞區號碼 Post Code/ZIP Code

第2部 實體類別

Part 2 Entity Type

在其中一個適當的方格內加上剔號，並提供有關資料

Tick one of the appropriate boxes and provide the relevant information

財務機構 Financial Institution	<input type="checkbox"/> 託管機構、存款機構或指明保險公司 Custodial Institution, Depository Institution or Specified Insurance Company <input type="checkbox"/> 投資實體，但不包括由另一財務機構管理(例如：擁有酌情權管理投資實體的資產)並位於非參與稅務管轄區的投資實體 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
主動非財務實體 Active NFE	<input type="checkbox"/> 該非財務實體的股票經常在_____ (一個具規模證券市場)進行買賣NFE the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> _____ 的有關連實體，該有關連實體的股票經常在_____ (一個具規模證券市場)進行買賣 Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> 政府實體、國際組織、中央銀行或由前述的實體全權擁有的其他實體 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"/> 除上述以外的主動非財務實體(請說明_____) Active NFE other than the above (Please specify _____)
被動非財務實體 Passive NFE	<input type="checkbox"/> 位於非參與稅務管轄區並由另一財務機構管理的投資實體 Investment entity that is managed by another financial institution and located in a non-participating jurisdiction <input type="checkbox"/> 不屬主動非財務實體的非財務實體

第3部 控權人(如實體帳戶持有人是被動非財務實體，填寫此部)

Part 3 Controlling Persons (Complete this part if the entity account holder is a passive NFE)

就帳戶持有人，填寫所有控權人的姓名在列表內。就法人實體，如行使控制權的並非自然人，控權人會是該法人實體的高級管理人員。每名控權人須分別填寫一份自我證明表格 - 控權人。

Indicate the name of all controlling person(s) of the account holder 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.

第 4 部 居留司法管轄區及稅務編號或具有等同功能的識別編號(以下簡稱「稅務編號」)

Part 4 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)

提供以下資料，列明

Complete the following table indicating :

- (a) 帳戶持有人的居留司法管轄區，亦即帳戶持有人的稅務管轄區（香港包括在內）及 the jurisdiction of residence (including Hong Kong) where the account holder is a resident for tax purposes and
 (b) 該居留司法管轄區發給帳戶持有人的稅務編號。
 the account holder's TIN for each jurisdiction indicated.

列出所有（不限於 5 個）居留司法管轄區。如帳戶持有人是香港稅務居民，稅務編號是其香港身份證號碼。如沒有提供稅務編號，必須填寫合適的理由：Indicate **all** (not restricted to five) the 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:

理由 A – 帳戶持有人的居留司法稅務管轄區並沒有向其居民發出稅務編號。

Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

理由 B – 帳戶持有人不能取得稅務編號。如選取這一理由，解釋帳戶持有人不能取得稅務編號的原因。

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.

理由 C – 帳戶持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要帳戶持有人披露稅務編號。

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.

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	# 如沒有提供稅務編號，填寫理由 A、B 或 C Enter Reason A, B or C if no TIN is available C if no TIN is available	如選擇理由 B，解釋帳戶持有人不能取得稅務編號的原因 Explain why the account holder is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

如您對判定您的稅務居民身分有任何疑問，請瀏覽經合組織網站 www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760 或諮詢您的稅務顧問。

If you have any questions on how to define your tax residency status, please visit the OECD website, www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760 or speak to your tax advisor

第 5 部 聲明及簽署

Part 5 Declarations and Signature

本人知悉及同意，財務機構可根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，（a）收集本表格所載資料並可備存作自動交換財務帳戶資料用途及（b）把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局。

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 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).

本人證明，就與本表格所有相關的帳戶，本人獲帳戶持有人授權簽署本表格。

I certify that I am authorized to sign for the account holder of all the account(s) to which this form relates.

本人承諾，如情況有所改變，以致影響本表格第 1 部所述的個人的稅務居民身分，或引致本表格所載的資料不正確，本人會通知藍山證券有限公司，並會在情況發生改變後 30 日內，向藍山證券有限公司提交一份已適當更新的自我證明表格。

I undertake to advise Bluemount Securities Limited 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 Bluemount Securities Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

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.

簽署 Signature	身分 Capacity :
日期(日/月/年)Date (dd/mm/yyyy) :	
姓名 Name	_____ (例如：公司的董事或高級人員、合夥的合夥人、信託的受託人等 e.g. director or officer of a company, partner of a partnership, trustee of a trust etc.)

刪去不適用者 # Delete as appropriate

警告：根據《稅務條例》第 80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級(即\$10,000)罰款。

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).

就自動交換財務帳戶資料（“AEOI”）之同意書

致：藍山證券有限公司
香港灣仔分域街 18 號捷利中心 24 樓 2403-05 室

敬啟者：

為使貴公司符合 AEOI 的合規安排，本人_____特此授權並同意貴公司收集/使用/交換/分享/轉讓/披露/申報任何相關個人信息/法定及實益權益信息/帳戶信息詳情，包括但不限於個人資料如姓名、地址、出生日期和地點、居留司法管轄區及稅務編號("TIN")等；財務資料如帳戶結餘和投資價值、利息、股息、出售金融資產所得的收益、與相關交易和資金流動記錄等；以及根據香港特別行政區所簽訂的相關納稅合規協議，從而受有關當局要求的任何其他信息。

本人在此同意根據貴公司要求而提供任何信息以符合 AEOI 的合規安排，例如書面聲明、證明、任何稅務表格（已簽署）等。

此外，本人同意當本人之個人情況有所更改，例如稅務居民身份、國籍、聯繫電話、地址有所更改，本人必須立即通知貴公司並提供任何相關更新的自我證明表格。

_____年_____月_____日

客戶	
簽署:	客戶號碼:
	姓名:
	身分證/護照號碼:

見證人	
簽署:	姓名:
	中央編號:

確認職員	
簽署:	姓名:

**Letter of Consent in respect of
Automatic Exchange of Financial Account Information
("AEOI")**

Date: _____

**To: BLUEMOUNT SECURITIES LIMITED,
Room 2403-05, 24/F,
Jubilee Centre,
18 Fenwick Street,
Wan Chai,
Hong Kong**

Dear Sirs,

For the purpose of your company's compliance with AEOI, I, _____, hereby authorize and give consent for your company to collect / use / exchange / share / transfer / disclose / report any relevant personal information/ legal and beneficial interest information/account information and particulars including but not limited to personal data such as account holder's name, address, date and place of birth, jurisdiction of residence and taxpayer identification number ("TIN"); financial data such as interest, dividends, account balance or investment value, sales proceeds from financial assets, any account record/history related to trades and funds movement; and any other information requested by relevant authorities according to tax compliance regime that HKSAR enters into.

I hereby agree to the arrangement to provide any information upon request in order to be in compliance with AEOI, such as written statement, certification, any taxation form (with signature), etc.

I also agree that should there be any change of personal circumstances, e.g., tax residency status, change of nationality, contact number or address, etc.; I must notify your company and provide any relevant updated self-certification form immediately.

Yours faithfully,

Client	
Signature:	Name:
	CE no.:
	I.D./ Passport No.:

Witness	
Signature:	Name:
	CE no.:
Confirmed by Staff	
Signature:	Name:

致: 藍山證券有限公司
To: Bluemount Securities Limited

Room 2403-05, 24/F,
Jubilee Centre,
18 Fenwick Street,
Wanchai,
Hong Kong.

帳戶號碼

Account No. : _____

自我證明表格 – 控權人 Self-Certification Form – Controlling Person

重要事項示 Important Notes:

1) 這是由控權人向申報財務機構提供的自我證明表格，以作自動交換財務帳戶資料用途。申報財務機構可把收集所得的資料交給稅務局，稅務局將資料轉交到另一稅務管轄區的稅務當局。

This is a self-certification form provided by a controlling person 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.

2) 如控權人的稅務居民身分有所改變，應盡快將所有變更通知申報財務機構。

A controlling person should report all changes in his/her tax residency status to the reporting financial institution.

3) 除不適用或特別註明外，必須填寫這份表格所有部分。如這份表格上的空位不夠應用，可另紙填寫。在欄/部標有星號(*)的項目為申報財務機構須向稅務局申報的資料。

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.

第 1 部 控權人的身分識辨資料

Part 1 Identification of Controlling Person

	稱謂 Title: <input type="checkbox"/> 先生 Mr <input type="checkbox"/> 太太 Mrs <input type="checkbox"/> 女士 Ms <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 其他
*姓氏 Surname	*名字 Given Name
	中間名 Middle Name(s)
香港身份證或護照號碼 Hong Kong Identity Card or Passport No.	
現時住址 Current Residence Address	(例如：室、樓層、大廈、街道、地區 e.g. Suite, Floor, Building, Street, District)
	*城市 *City
	(例如：省、州 e.g. Province, State)
	*國家 *Country
	郵政編碼/郵遞區號碼 Post Code/ZIP Code
通訊地址 Mailing Address (如通訊地址與現時住址不同，填寫此欄 Complete if different to the current residence address)	(例如：室、樓層、大廈、街道、地區 e.g. Suite, Floor, Building, Street, District)
	城市 City
	(例如：省、州 e.g. Province, State)
	國家 Country
	郵政編碼/郵遞區號碼 Post Code/ZIP Code
*出生日期 Date of Birth	日/月/年 dd/mm/yyyy
出生地點 Place of Birth	

第 2 部 您作為控權人的實體帳戶持有人**Part 2 The Entity Account Holder(s) of which you are a controlling person**

填寫您作為控權人的實體帳戶持有人的名稱。

Enter the name of the entity account holder of which you are a controlling person.

實體 Entity	實體帳戶持有人的名稱 Name of the Entity Account Holder
(1)	
(2)	
(3)	

第 3 部 居留司法管轄區及稅務編號或具有等同功能的識別編號(以下簡稱「稅務編號」)**Part 3 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)**

提供以下資料，列明

Complete the following table indicating :

- (a) 控權人的居留司法管轄區，亦即控權人的稅務管轄區（香港包括在內）及 the jurisdiction of residence (including Hong Kong) where the controlling person is a resident for tax purposes and
 (b) 該居留司法管轄區發給控權人的稅務編號。 the controlling person’s TIN for each jurisdiction indicated.

列出所有（不限於 5 個）居留司法管轄區。如控權人是香港稅務居民，稅務編號是其香港身份證號碼。如沒有提供稅務編號，必須填寫合適的理由：Indicate **all** (not restricted to five) the jurisdictions of residence. If the controlling person 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:

理由 A – 控權人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason A – The jurisdiction where the controlling person is a resident for tax purposes does not issue TINs to its residents.

理由 B – 控權人不能取得稅務編號。如選取這一理由，解釋控權人不能取得稅務編號的原因。

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.

理由 C – 控權人毋須提供稅務編號。居留司法管轄區的主管機關不需要控權人披露稅務編號。

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.

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	# 如沒有提供稅務編號，填寫理由 A、B 或 C Enter Reason A, B or C if no TIN is available C if no TIN is available	如選擇理由 B，解釋控權人不能取得稅務編號的原因 Explain why the controlling person is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

如您對判定您的稅務居民身分有任何疑問，請瀏覽經合組織網站 www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760 或諮詢您的稅務顧問。

If you have any questions on how to define your tax residency status, please visit the OECD website, www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760 or speak to your tax advisor

第 4 部 控權人類別

Part 4 Type of Controlling Person

就第 2 部所載的每個實體，在適當方格內加上剔號，指出控權人就每個實體所屬的控權人類別。

Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2.

實體類別 Type of Entity	控權人類別 Type of Controlling Person	實體 (1) Entity (1)	實體 (2) Entity (2)	實體 (3) Entity (3)
法人 Legal Person	擁有控制股權的個人（即擁有不少於百分之二十五的已發行股本） 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"/>
	以其他途徑行使控制權或有權行使控制權的個人（即擁有不少於百分之二十五的表決權） 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"/>
	擔任該實體的高級管理人員/對該實體的管理行使最終控制權的個人 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"/>
信託 Trust	財產授予人 Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	受託人 Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	保護人 Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	受益人或某類別受益人的成員 Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	其他（例如：如財產授予人/受託人/保護人/受益人為另一實體，對該實體行使控制權的個人） Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
除信託以外的 法律安排 Legal Arrangement other than Trust	處於相等/相類於財產授予人位置的個人 Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	處於相等/相類於受託人位置的個人 Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	處於相等/相類於保護人位置的個人 Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	處於相等/相類於受益人或某類別受益人的成員位置的個人 Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	其他（例如：如處於相等/相類於財產授予人/受託人/保護人/受益人位置的人為另一實體，對該實體行使控制權的個人） 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"/>

第 5 部 聲明及簽署

Part 5 Declarations and Signature

本人知悉及同意，財務機構可根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，（a）收集本表格所載資料並可備存作自動交換財務帳戶資料用途及（b）把該等資料和關於控權人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到控權人的居留司法管轄區的稅務當局。

I acknowledge and agree that (i) 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 (ii) such information and information regarding the controlling person 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 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).

本人證明，就與本表格所有相關的實體帳戶持有人所持有的帳戶，本人是控權人 / 本人獲控權人授權簽署本表格。#

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 entity account holder(s) to which this form relates. #

本人承諾，如情況有所改變，以致影響本表格第 1 部所述的個人的稅務居民身分，或引致本表格所載的資料不正確，本人會通知藍山證券有限公司，並會在情況發生改變後 30 日內，向藍山證券有限公司提交一份已適當更新的自我證明表格。

I undertake to advise Bluemount Securities Limited 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 Bluemount Securities Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

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.

簽署 Signature 日期(日/月/年)Date (dd/mm/yyyy) :	身分 Capacity : _____
姓名 Name	(如您不是第 1 部所述的個人，說明您的身分。如果您是以受權人身分簽署這份表格，須夾附該授權書的核證副本。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.)

刪去不適用者 # Delete as appropriate

警告：根據《稅務條例》第 80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級(即\$10,000)罰款。

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).

就自動交換財務帳戶資料（“AEOI”）之同意書

致：藍山證券有限公司
香港灣仔分域街 18 號捷利中心 24 樓 2403-05 室

敬啟者：

為使貴公司符合 AEOI 的合規安排，本人_____特此授權並同意貴公司收集/使用/交換/分享/轉讓/披露/申報任何相關個人信息/法定及實益權益信息/帳戶信息詳情，包括但不限於個人資料如姓名、地址、出生日期和地點、居留司法管轄區及稅務編號("TIN")等；財務資料如帳戶結餘和投資價值、利息、股息、出售金融資產所得的收益、與相關交易和資金流動記錄等；以及根據香港特別行政區所簽訂的相關納稅合規協議，從而受有關當局要求的任何其他信息。

本人在此同意根據貴公司要求而提供任何信息以符合 AEOI 的合規安排，例如書面聲明、證明、任何稅務表格（已簽署）等。

此外，本人同意當本人之個人情況有所更改，例如稅務居民身份、國籍、聯繫電話、地址有所更改，本人必須立即通知貴公司並提供任何相關更新的自我證明表格。

_____年_____月_____日

客戶	
簽署:	客戶號碼:
	姓名:
	身分證/護照號碼: .

見證人	
簽署:	姓名:
	中央編號:

確認職員	
簽署:	姓名:

**Letter of Consent in respect of
Automatic Exchange of Financial Account Information
("AEOI")**

Date: _____

**To: BLUEMOUNT SECURITIES LIMITED,
Room 2403-05, 24/F,
Jubilee Centre,
18 Fenwick Street,
Wanchai,
Hong Kong.**

Dear Sirs,

For the purpose of your company's compliance with AEOI, I, _____, hereby authorize and give consent for your company to collect / use / exchange / share / transfer / disclose / report any relevant personal information/ legal and beneficial interest information/account information and particulars including but not limited to personal data such as account holder's name, address, date and place of birth, jurisdiction of residence and taxpayer identification number ("TIN"); financial data such as interest, dividends, account balance or investment value, sales proceeds from financial assets, any account record/history related to trades and funds movement; and any other information requested by relevant authorities according to tax compliance regime that HKSAR enters into.

I hereby agree to the arrangement to provide any information upon request in order to be in compliance with AEOI, such as written statement, certification, any taxation form (with signature), etc.

I also agree that should there be any change of personal circumstances, e.g., tax residency status, change of nationality, contact number or address, etc.; I must notify your company and provide any relevant updated self-certification form immediately.

Yours faithfully,

<i>Client</i>	
Signature:	Name:
	CE no.:
	I.D./ Passport No.:

<i>Witness</i>	
Signature:	Name:
	CE no.:

<i>Confirmed by Staff</i>	
Signature:	Name:

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

▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code.
▶ Go to www.irs.gov/FormW8BENE 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 for:

Instead use Form:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization
--	---

3 Name of disregarded entity receiving the payment (if applicable, see instructions)

4 Chapter 3 Status (entity type) (Must check one box only):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership
<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Estate
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Government
<input type="checkbox"/> Complex trust	<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. Yes No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)

<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account.
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6 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.	Country
---	---------

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.	Country
---	---------

8 U.S. taxpayer identification number (TIN), if required	9a GIIN	b Foreign TIN
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10 Reference number(s) (see instructions)

Note: Please complete remainder of the form including signing the form in Part XXX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

- 11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment
- Branch treated as nonparticipating FFI. Reporting Model 1 FFI. U.S. Branch.
- Participating FFI. Reporting Model 2 FFI.
- 12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

- 13** GIIN (if any) _____

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

- 14** I certify that (check all that apply):
- a** The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- b** The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):
- | | |
|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Company that meets the ownership and base erosion test |
| <input type="checkbox"/> Tax exempt pension trust or pension fund | <input type="checkbox"/> Company that meets the derivative benefits test |
| <input type="checkbox"/> Other tax exempt organization | <input type="checkbox"/> Company with an item of income that meets active trade or business test |
| <input type="checkbox"/> Publicly traded corporation | <input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received |
| <input type="checkbox"/> Subsidiary of a publicly traded corporation | <input type="checkbox"/> Other (specify Article and paragraph): _____ |
- c** The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).
- 15** **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 14a above to claim a _____ % rate of withholding on (specify type of income): _____
 Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

- 16** Name of sponsoring entity: _____
- 17** **Check whichever box applies.**
- I certify that the entity identified in Part I:
- Is an investment entity;
 - Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
 - Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.
- I certify that the entity identified in Part I:
- Is a controlled foreign corporation as defined in section 957(a);
 - Is not a QI, WP, or WT;
 - Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
 - Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank18 I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts19 I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: _____

21 I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity22 I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts23 I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b** I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d** I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI

- 26** I certify that the entity identified in Part I:
- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a Model 1 IGA or a Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
 - If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ .
The trustee is: U.S. Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue

- 27** I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XIV International Organization

Check box 28a or 28b, whichever applies.

- 28a** I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).
- b** I certify that the entity identified in Part I:
- Is comprised primarily of foreign governments;
 - Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
 - The benefit of the entity's income does not inure to any private person; **and**
 - Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

- 29a** I certify that the entity identified in Part I:
- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
 - Is operated principally to administer or provide pension or retirement benefits; **and**
 - Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.
- b** I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - No single beneficiary has a right to more than 5% of the FFI's assets;
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.
- c** I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - Has fewer than 50 participants;
 - Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
 - Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
 - Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans (continued)

- d I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30 I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31 I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32 I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33 I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34 I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

38 I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

39 I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b** I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c** I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVII Excepted Inter-Affiliate FFI

- 41 I certify that the entity identified in Part I:
- Is a member of an expanded affiliated group;
 - Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
 - Does not make withholdable payments to any person other than to members of its expanded affiliated group;
 - Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
 - Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

- 42 Name of sponsoring entity: _____
- 43 I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN


Part XXX 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:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W;
- The entity identified 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 income tax treaty, or (c) the partner's share of a partnership's effectively connected income; **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 the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Sign Here 

Signature of individual authorized to sign for beneficial owner	Print Name	Date (MM-DD-YYYY)

I certify that I have the capacity to sign for the entity identified on line 1 of this form.