

## Corporation Client Risk Assessment Questionnaire

Client name : \_\_\_\_\_ Account number (if any): \_\_\_\_\_

(1) Please indicate your Frequency of Transactions Per Annum and Investment Experience of the Investment Products in the below table.

Investment Products	Frequency of Transactions Per Annum	Investment Experience (year)
Stocks	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> Nil <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-8 <input type="checkbox"/> >8
Unit Trusts/Funds	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> Nil <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-8 <input type="checkbox"/> >8
Foreign Currencies	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> Nil <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-8 <input type="checkbox"/> >8
Commodities	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> Nil <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-8 <input type="checkbox"/> >8
Structured Investment Products	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> Nil <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-8 <input type="checkbox"/> >8
Warrants, Callable Bull/Bear Contracts, Options, Futures	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> Nil <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-8 <input type="checkbox"/> >8
Bonds	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> Nil <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-8 <input type="checkbox"/> >8
Others:	<input type="checkbox"/> <20 <input type="checkbox"/> 20-50 <input type="checkbox"/> >50	<input type="checkbox"/> Nil <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-8 <input type="checkbox"/> >8

(2) Are you currently holding or did you previously hold any of the investment products listed below? (You can select more than 1 option, only the highest score will be counted)

- ( ) Cash, deposits, certificates of deposit, capital protected products
- ( ) Bonds, bond funds
- ( ) Foreign currencies, non-capital protected currency linked structured products and investment product
- ( ) Stocks, open-ended funds (excluding bond funds and money market funds), non-capital protected equity linked structured products
- ( ) Options, futures, warrants, callable bull/bear contracts, products not authorized by Securities and Futures Commission including private equity funds and OTC derivatives products

(3) Approximately what percentage of your liquid asset is currently held in investment products of which the value will fluctuate?

- ( ) 0%      ( ) > 0-10%      ( ) >10-25%      ( ) >25-50%      ( ) >50%



- (4) In general, the longer the investment period, the higher the risk an investor can tolerate. What time period would you generally plan when making the investment plan with investment products of which the value can fluctuate?
- Less than 1 month                       1 month -less than 1 years
- 1-less than 5 years                       5- less than 10 years
- >10 years
- (5) How much capital has been reserved for unforeseeable events in terms of monthly operational expenses of your company?
- None
- Less than 6-month of operational expenses
- 6 to less than 12 months of operational expenses
- 12 to less than 24 months of operational expenses
- 24 months or more of operational expenses
- (6) Does your company engage any qualified professional to take part in investment or hedging decision?
- No, our company has a little knowledge on financial investment.
- No, but our company has some knowledge on financial investment.
- No, but our company has adequate knowledge on financial investment.
- Yes, our company has senior management with professional economics/ finance-related qualifications to make investment or hedging decision.
- Yes, our company has an independent division or team to manage financial investment.
- (7) How would you describe your company expected revenue over the next 5 years?
- Decrease more than 50%
- Decrease between 20% and 50%
- Remain steady between -20% and 20%
- Increase between 20% and 50%
- Increase more than 50%
- (8) What is the percentage of your company's surplus that will be set aside for the purpose of financial investment?
- 50% or more
- Less than 50%
- Less than 30%
- Less than 20%
- Less than 10%

**Marking Scheme: Please aggregate the scores indicated in the blanket for the option selected in each question.**

Client risk tolerance analysis result (Please circle if appropriate).

Total score: (            )

<i>Total Score</i>	<i>Risk Tolerance Level</i>	<i>Investment Aptitude</i>	<i>Suitable financial product for consideration</i>
0-3	Low Risk	Risk adverse	Bank deposit, capital preserved products、 low risk authorized funds
4-11	Medium Low Risk	Conservative	Straight bonds and preference shares (Investment grade), medium low risk authorized funds
12-19	Medium Risk	Moderate	Listed securities (excluding derivatives), medium risk authorized funds
20-26	Medium High Risk	Growth	Listed derivatives (e.g. futures, options, warrants, CBBC), medium to high risk authorized funds
27-32	High Risk	Aggressive	OTC derivatives, structured products, straight bonds and preference shares (Non-investment grade), high risk or unauthorized funds and other products that cannot be classified into any of the above categories.

Recommendation of Sales Officer:

After taking into account the client's investment objectives, investment period, risk tolerance and financial circumstances, the Sales Officer advises that the client may invest in the following types of products:

Product Risk Profile: \_\_\_\_\_

Investment types: \_\_\_\_\_

Investment Period: \_\_\_\_\_



**Disclaimer:**

The result of this questionnaire is derived from information that you ('Client') have provided, and only serve as reference for your consideration when making your own decisions. This questionnaire and the results are not an offer to sell or a solicitation for an offer to buy any financial products and services and they should not be considered as investment advice. ABCI Securities Company Limited accepts no responsibility or liability as to the accuracy or completeness of the information given. Personal information collected in this questionnaire will be kept confidential by ABCI Securities Company Limited. The information may be used by ABCI Securities Company Limited or any ABCI Group entity under a duty of confidentiality to ABCI Securities Company Limited, for designing and/or marketing of financial products and service.

\_\_\_\_\_  
Client Signature(s)  
Date: \_\_\_\_\_

\_\_\_\_\_  
Sales Officer Signature  
Date: \_\_\_\_\_

*Please sign and return the completed form by mail: 13F Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong or fax to (852) 2868-0320.*

Reviewed by Department head or Responsible Officer:

If the product risk profile does not match the client's risk profile, please comment:  
\_\_\_\_\_

If the investment types involve unauthorized products or derivative structured products, please comment: \_\_\_\_\_

If the investment period is over 3 years, please comment: \_\_\_\_\_

\_\_\_\_\_  
Department head / Responsible officer  
Date: \_\_\_\_\_

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