

## Individual Professional Investor Assessment Form

**【Return Original】**

Client Name: \_\_\_\_\_ Client Code: \_\_\_\_\_

### PART A – Client’s Assessment and Consent

#### Investment Experience

For ABCI Securities Company Limited (“ABCIS”) internal assessment on client’s knowledge, expertise and investment experience, please answer the following questions (and state the relevant market(s) for each of the product(s) selected):

<p>Q1. Do you have experience dealing in the relevant markets?</p> <p>Q2. Do you have knowledge and expertise in the relevant product(s)?</p> <p>Q3. If your answer to Q2 is yes, how you acquire the knowledge and expertise in the relevant product?</p> <p>(a) I am currently working or have previously worked in the relevant financial sector for at least one year in a professional position that involves the relevant product</p> <p>(b) I have undergone training or studied courses which are related to the relevant product?</p> <p>(c) Others (Please specify):</p> <p>Q4. Are you aware of the risks involved in trading in the relevant product(s) and market(s)?</p>		
Product	Relevant Markets	Answers to Q1-4
<input type="checkbox"/> Equity Securities	_____	<p>Q1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Investment experience: <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> over 10 years</p> <p>Approx. no. of trade per year: _____</p> <p>Q2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q3. <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____</p> <p>Q4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> Futures and Options	_____	<p>Q1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Investment experience: <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> over 10 years</p> <p>Approx. no. of trade per year: _____</p> <p>Q2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q3. <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____</p> <p>Q4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> Warrants, CBBC and Stock Options	_____	<p>Q1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Investment experience: <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> over 10 years</p> <p>Approx. no. of trade per year: _____</p> <p>Q2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q3. <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____</p> <p>Q4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> Fixed income securities (e.g. Bonds, convertible bonds)	_____	<p>Q1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Investment experience: <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> over 10 years</p> <p>Approx. no. of trade per year: _____</p> <p>Q2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q3. <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____</p> <p>Q4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> Mutual funds/Unit Trusts	_____	<p>Q1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Investment experience: <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> over 10 years</p> <p>Approx. no. of trade per year: _____</p> <p>Q2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q3. <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____</p> <p>Q4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> Structured products (Equity Linked Deposit/Note, Currency Linked Deposit, etc.)	_____	<p>Q1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Investment experience: <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> over 10 years</p> <p>Approx. no. of trade per year: _____</p> <p>Q2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q3. <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____</p> <p>Q4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> Others (please specify): _____	_____	<p>Q1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Investment experience: <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> over 10 years</p> <p>Approx. no. of trade per year: _____</p> <p>Q2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Q3. <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____</p> <p>Q4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## Asset Adequacy Test

Pursuant to the requirements under Section 3 of the Securities and Futures (Professional Investor) Rules ("PI Rules") (Cap571D), please confirm that you are an **Individual Professional Investor** by submitting the supporting documents.

Type of Professional Investor	Criteria	Supporting Document(s) Provided
<b>Individual</b> – An individual, either alone or with any of his or her associates on a joint account	Has a portfolio <sup>#</sup> of not less than HK\$ 8 million or equivalent in any foreign currency at the relevant date	<input type="checkbox"/> A certification issued by an auditor or a certified public accountant of the individual within 12 months before the relevant date  <input type="checkbox"/> One or more custodian statements issued to the individual (either alone or with the associate) within 12 months before the relevant date

# Portfolio includes Cash\*, certificate of deposit and/or Securities\*\*.

\* Cash includes current/ savings deposits, time deposits, structured deposits, etc.

\*\* Securities include stocks, bonds, debentures, notes, funds, warrants, options and other instruments defined as securities by the SFO.

## Consent to be Treated as an Individual Professional Investor

I/We, confirm the assessment results above provided by me/us is true, complete and accurate, and consent that ABCIS to classify me/us as an Individual Professional Investor pursuant to Paragraph (j) of the definition of professional investor in section 1 of Part 1 of Schedule 1 of the Securities and Futures Ordinance (Cap. 571), section 3 of the PI Rules and Paragraph 15.2 of the Code of Conduct for Persons Licensed by or Registered with the Securities and Futures Commission.

## Risks and Consequences of being Treated as an Individual Professional Investor

I/We have been advised by the sales representative(s) of ABCIS that I/we am/are treated as Individual Professional Investor in \_\_\_\_\_ (product) in \_\_\_\_\_ (market), and I/we fully understand the risks and consequences of being treated as an Individual Professional Investor as described below.

### Information for clients

ABCIS may not be required to:

- (i) inform me/us about ABCIS and the identity and status of ABCIS's employees or others acting on behalf of ABCIS;
- (ii) confirm promptly with me/us the essential features of a transaction after effecting a transaction for me/us; and
- (iii) provide me/us with documentation on the Nasdaq-Amex Pilot Program.

### Contract notes, statements of account and receipts

ABCIS may not require to provide me/us with contract notes, statements of account or receipts in accordance with the Securities and Futures (Contract Notes, Statements of Account and Receipts) Rules, unless I/we notify ABCIS otherwise in writing.

I/We understand that I/we may be exposed to substantial risks in being treated as a professional investor as described above. I/We acknowledge that the above risk disclosure statements cannot and do not purport to disclose all the risks associated with being treat as a professional investor as described above. ABCIS also advised me/us to carefully consider the risks and consequences of such treatment in the light of my/our own experience, objectives and financial resources and other relevant circumstances.



**農銀國際**

ABC INTERNATIONAL

ABCI SECURITIES COMPANY LIMITED

農銀國際證券有限公司 ABCI Securities Company Limited

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Website 網址: <http://sec.abci.com.hk> Email 電郵: [service@abci.com.hk](mailto:service@abci.com.hk)

**Right to Withdraw from being Treated as a Professional Investor**

I/We understand that I/we have the right, at any time, in respect of all investment products and/or market or any part thereof on giving a written notice of not less than 5 business days to ABCIS to object to being treated as a professional investor as described above and request to withdraw from being so treated.

I/We agree that unless and until ABCIS receives from me/us written notification of my/our objection and withdrawal, ABCIS will be entitled to treat me/us as a professional investor as described above with its attendant risks and consequences. Any request by me/us to withdraw from being treated as a professional investor shall be without prejudice to and shall not affect the provision of any services rendered to me/us on the basis that I am/ we are a professional investor prior to such withdrawal taking effect.

I/We undertake to notify ABCIS if I/we become aware of any change in my/our financial conditions that may affect my/our eligibility for being classified as a professional investor.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Client: \_\_\_\_\_

(The part below is only applicable to Joint Account)

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Client: \_\_\_\_\_

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Signature verification	Phone Confirmation	Fee Processing	Data Update	Acknowledgment sent	Document Filed



[For Internal Use]

**PART B – Declaration from Sales Representative**

I have reviewed the Individual Professional Investor Assessment Form and the supporting documents (if applicable) from my client(s). Based on my discussion with the client(s) during the Know Your Client process, I based on my best knowledge and effort, confirm that the client(s) satisfied the requirements to be treated as an Individual Professional Investor falling under the PI Rules and the Code in \_\_\_\_\_ (product) in \_\_\_\_\_ (market).

I declare that I have explained the contents of this document and the risks and consequences of consenting to being treated as an Individual Professional Investor in a language which the client(s) fully understands and have invited the client(s) to ask questions and take independent advice if the client(s) thinks fit. I have also informed the client of the right to withdraw from being treated as an Individual Professional Investor.

Sales representative's Signature: \_\_\_\_\_ (CE no. \_\_\_\_\_) Date: \_\_\_\_\_

Sales representative's Name: \_\_\_\_\_

**PART C – Approval**

**To be completed by Client Services**

1	Has the client filled and signed Part A of this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has the Sales Representative filled and signed B of this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the client provided relevant supporting documents? If No, please state the outstanding documents: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Handled by: (Client Services)

Reviewed by: (Compliance)

Approved by: (Head of Sales/ RO)

\_\_\_\_\_  
Name:

Date:

\_\_\_\_\_  
Name:

Date:

\_\_\_\_\_  
Name:

Date: