城利證券有限公司 CITYLINE SECURITIES LIMITED 防止洗黑錢及防止恐怖分子籌資活動問卷 ANTI-MONEY LAUNDERING AND ANTI-TERRORIST FINANCING QUESTIONNAIRE

| 客户。 Client | | 客戶帳戶號碼 Client Account Number: | | | | |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------|------|--|--|
| | 客户(如客户屬香港居民) ocal Client (i.e. Client located in Hong Kong) | | | | | |
| | 請在適當的相 | 闌上加勾號 Please tick the a | | | | |
| 1 | 閣下是否與政界人士有聯繫?(政界人士:指目前或是要公職的人士,如國家或政府的首長,資深政客,政要政黨官員等) Are you linked to politically exposed persons? (Politically individual who is or has been entrusted with prominent phead of state/government, senior politician, senior execu government-owned corporation, important political part | 府高級官員和重 exposed person — public function e.g. utive of | 是 Yes | 否 No | | |
| 2 | 閣下的業務性質是否特別容易蒙受較高的洗黑錢風險接觸大量現金往來,找換業或博彩業) Is the nature of your business particularly susceptible to risk? (For example, money changer or casino business that amount of cash) | money laundering | | | | |
| 3 | 閣下的金錢來源是否源於或涉及非法所得? Does your money might be arising from or related to pro | | | | | |
| 客户簽名: 日期: Client Signature: Date: | | 日期: Date: | | _ | | |
| 風險 | 評估 Risk Assessment: 高 HIGH / 中性 NEUTRA | | | | | |
| 填寫 Completed By: 日期 Date : _ | | | | | | |
| 批核 Approved By: 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)

城利證券有限公司 CITYLINE SECURITIES LIMITED 防止洗黑錢及防止恐怖分子籌資活動問卷 ANTI-MONEY LAUNDERING AND ANTI-TERRORIST FINANCING QUESTIONNAIRE

| 客戶名稱 | 客户帳戶號碼 |
|--------------|------------------------|
| Client Name: | Client Account Number: |

海外客户(如客户非本港居民) For Overseas Client (i.e. Client located outside Hong Kong)

請在適當的欄上加勾號 Please tick the appropriate column

| | | 是 Yes | 否 No |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|
| 1 | 閣下居住的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、奥地利、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 you located is a member of the Financial Action Task Force ("FATF")? (Members of FATF include: Argentina, Australia, Austria, Belgium, Brazil, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong, China, 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) | | |
| 2 | 閣下居住的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? | | |
| 3 | 如閣下在(2)題的答案選擇"是",你是否受到現行的法律或條例 所管制? If the answer to (b) is YES, are you subject to such laws/regulations? | | |
| 4 | 閣下是否就反洗黑錢條例或反恐怖分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。 Have you maintained a "no conviction record" for anti-money laundering or anti-terrorist financing legislation? If no, please provide details on a separate sheet. | | |

| - · · · · · | | | 日期: Date: | | |
|-----------------------|---|--------|--------------|---------|-----------|
| | | | | | |
| 風險評估 Risk Assessment: | 高 | HIGH / | 中性 | NEUTRAL | - |
| 填寫 Completed By: | | | | | 日期 Date: |
| 批核 Approved By: | | | | | 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)