

Update of Client Information Statement (Corporation)

Identification Information

Account Number: _____

Company Name*: _____

Nature of Business*: _____

Registered Office Address*: _____

Business Address*: _____

Office Telephone Number: _____

Office Fax Number: _____

E-mail Address: _____

Name(s) of Director***: _____

Name(s) of Ultimate Beneficial Owner
(holding 10% or more share capital) **: _____

Bank Account Information*: _____

SFC Registration: Yes No

SFC CE No.: _____

Effective Date: _____

Specimen Signature & Company Chop

Name of Authorized Signature(s):

Date:

* Change of the above information requires support document.

** Change of the above information requires certified true copy of I.D. Card/Passport