

CLIENT INFORMATION REGISTRATION FORM (1)

Open A/C Type	(1) Individual A/C <input type="checkbox"/>	(2) Joint A/C <input type="checkbox"/>	(3) Corporate A/C <input type="checkbox"/>
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(1) FOR INDIVIDUAL A/C – BASIC INFORMATION

Please type or use BLOCK LETTERS

Surname :	Given Name :	Sex :	Date of Birth :
Passport or ID Card No. :		Issuing Country :	
Home Address :			
Home Telephone No. :	Mobile Phone No. :	E-mail Address :	

Employment Details

Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Retired <input type="checkbox"/>
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If Unemployed, please review “High Risk Investment Notice” .
If Unemployed or Retired, please indicate previous Nature of business and Occupation.

Name of current employer :	Nature of business :
Position :	Years with current employer :
Office Telephone No. :	Office Fax No. :
Office address :	

Banking Information

(Unless otherwise instructed by you, all funds payable to you will credited to the following bank account)

Bank Name :	Account No. of the Bank :
Bank Account Holder’s Name (Should be same as your name(s) appearing on this Application) :	

Trading Account Information

Client’s Trading A/C No. :	Preliminary Password :
Regional Code :	Please change your password

CLIENT INFORMATION REGISTRATION FORM (2)

Open A/C Type	(1) Individual A/C <input type="checkbox"/>	(2) Joint A/C <input type="checkbox"/>	(3) Corporate A/C <input type="checkbox"/>
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(2) FOR JOINT A/C – BASIC INFORMATION

Please type or use BLOCK LETTERS

Surname :	Given Name :	Sex :	Date of Birth :
Passport or ID Card No. :		Issuing Country :	
Home Address :			
Home Telephone No. :	Mobile Phone No. :	E-mail Address :	

Employment Details

Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Retired <input type="checkbox"/>
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If Unemployed, please review “High Risk Investment Notice” .
If Unemployed or Retired, please indicate previous Nature of business and Occupation.

Name of current employer :	Nature of business :
Position :	Years with current employer :
Office Telephone No. :	Office Fax No. :
Office address :	

Banking Information

(Unless otherwise instructed by you, all funds payable to you will credited to the following bank account)

Bank Name :	Account No. of the Bank :
Bank Account Holder’s Name (Should be same as your name(s) appearing on this Application) :	

Trading Account Information

Client’s Trading A/C No. :	Preliminary Password :
Regional Code :	Please change your password

CLIENT INFORMATION REGISTRATION FORM (3)

Open A/C Type	(1)Individual A/C <input type="checkbox"/>	(2)Joint A/C <input type="checkbox"/>	(3)Corporate A/C <input type="checkbox"/>
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(3) FOR CORPORATE A/C – BASIC INFORMATION

Please type or use BLOCK LETTERS

Corporate Name :		
Type of Organization :	Limited company <input type="checkbox"/>	Partnership <input type="checkbox"/>
Type of Identity :	Business Registration Certificate <input type="checkbox"/>	Other <input type="checkbox"/>
Country of Incorporation :	Register Number :	
Nature of business :	Number of years in that business :	
Office Address :		
Office Tel No. :	Office Fax No. :	
E-mail Address :		

Officer INFORMATION

Surname :	Given Name :	Sex :	Date of Birth :
Passport or ID Card No. :	Issuing Country :		
Home Address :			
Home Telephone No. :	Mobile Phone No. :	E-mail Address :	

Banking Information

(Unless otherwise instructed by you, all funds payable to you will credited to the following bank account)

Bank Name :	Account No. of the Bank :
Bank Account Holder's Name (Should be same as your name(s) appearing on this Application)	

Trading Account Information

Client's Trading A/C No. :	Preliminary Password :
Regional Code :	Please change your password