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防止洗黑錢及防止恐怖份子籌資活動問卷(公司)

A/C Name賬戶名稱	A/C No. 賬戶號碼:	
	AE 經紀:	

PLEASE ANSWER EITHER PART (i), (ii) OR (iii).請選答(i)、(ii)或(iii)其中一項

(i) 本地客戶(如客戶公司屬香港登記) For Local Client (i.e. Company registered in Hong Kong)									
A.	Is your company linked to politically exposed persons? (Politically exposed person – individual who is or has been entrusted with prominent public function e.g. head of state/government, senior politician, senior executive of government-owned corporation, important political party official, etc.) 貴公司是否與政界人士有聯繫?(政界人士:指目前或以往曾 經擔任重要公職的人士,如國家或政府的首長、資深政客、政府高級官員和重要政黨官員等)	□ Yes 是 □ No 否							
B.	Is the nature of your business not particularly susceptible to money laundering risk? (For example, money changer or casino business that handles large amount of cash) 貴公司的業務性質並不是特別容易蒙受較高的洗黑錢風險? (舉例:如會接觸大量現金往來,找換業或博彩業)								
С	Does your company's money might be arising from or related to proceeds of crime? 貴公司的金錢來源是否源於或涉及非法所得?								
(ii) For	(ii) For Overseas Client (i.e. Company outside Hong Kong) 海外客戶 (如客戶公司屬海外登記)								
A.	Is the country that that your company located is a member of the Financial Action Task Force ("FATF")? (Members of FATF include: Argentina, Australia, Australia, Belgium, Brazil, Canada, China, Denmark, Finland, France, Germany, Greece, Hong Kong, 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) 貴公司所在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、奧地利、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)	□ Yes 是 □ No 否							
B.	If the answer to (A) is NO, are your company located in a country with established laws/regulations designed to prevent money laundering? 如上題 (A) 的答案選擇 "否",貴公司所在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?	□ Yes 是 □ No 否							
C.	If the answer to (B) is NO, is your company subject to such laws/regulations? 如上題(B) 的答案選擇"否",貴公司是否受到現行的法律或條例所管制?	□ Yes 是 □ No 否							
D.	Has your company maintained a "no conviction record" for anti-money laundering or anti-terrorist financing legislation? If no, please provide details on a separate sheet. 貴公司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。	☐ Yes 是 ☐ No 否							
(iii) For client whose business involves handling third party assets (e.g. fund manager, stockbrokers), please answer the following questions 如貴公司的業務涉及處理第三者的資產(如基金經理,股票經紀),請回答以下的問題。									
A.	Has your company (including foreign branches and subsidiaries, if any) established written policies and implemented internal procedures and controls to combat money laundering? 貴公司(包括外國的分行及子公司)是否己制訂畫面政策,並執行內部程序和管理,以打擊洗黑錢的活動?	□ Yes 是 □ No 否							
В	Are there documented procedures of your company for reporting suspicious activities and transactions to the appropriate authorities? 貴公司就舉報可疑的活動和交易是否已確立程序向適當的監控組織報告?	□ Yes 是 □ No 否							
C.	Has your company established policies and procedures to ensure that reasonable measures are taken to obtain information about the True identity of your customers, and are these records retained for a period of time specified by the applicable law? 貴公司有否已制訂政策與程序,確保已採用合理方法去取得客戶真正身份的資料,並將有關資料於適用的法律所規定時限內予以保留?	□ Yes 是 □ No 否							

promptly notify Patrons Se	curities Limited of any change R證向百惠證券有限公司上述	Limited that this Anti-Money Law with respect to the foregoing inf 过反洗錢活動問卷內容是正確無	ormation, and to provide	le such further inform	nation.
Client's Signature(s)客戶	簽署:		Name填寫者姓名	:	
		Ø			
		<u> </u>			
	DERING & ANTI-TERRO 5份子籌資活動問卷 (公司	ORIST FINANCING QUEST (1)	IONNAIRE(Corpora	tion)	
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For internal use only	以下由本公司填寫:				
		ns is "No", the result of the ri	sk assessment would	be "High"	
註: 如以上 任何一項	問題的答案是"否"的話,	風險評估將視之為"高"。			
Risk Assessment風險評	估: A/C Name賬戶名種	爯	A/C No. 賬戶號碼:		
	□ LOW低	□NORMAL一般	□ HIGH	I高	
客戶曾填寫風險評估 □ No 否 □ Yes 是 : (Date 填	寫日期: s Risk assessment 上次原 高至高風險或由高風險下詞		及理據。		□ HIGH高 orm.
	客戶主任	合規及風險		負責人員	
	Account Executive	Compliance & Risk (Control Department	Re	sponsible Officer
意見 Comment					
Signature verified by :	Completed By Account Executive	Approved by Compliance & Risk Control Dept.	Data inputted by	Data inputted authorized by	Approved by RO
Name:	Name:	Name:	Name:	Name:	
Date	Date	Date	Date	Date	