



聯勝網上證券有限公司
COL SECURITIES (HK) LIMITED
Member of THE STOCK EXCHANGE OF HONG KONG LTD. (6940)

803 Luk Yu Building
24-26 Stanley St., Central HK
Tel : (852) 2868-3252
Fax: (852) 2868-3205
香港士丹利街24-26號陸羽大廈803室

個人 / 聯名帳戶申請表

INDIVIDUAL / JOINT ACCOUNT APPLICATION FORM

Account Type:

☐

Individual 個人

☒

Joint 聯名

MAX 2 Account Holders

Information about the Primary Account Holder 主要戶口持有人資料

Name in English: (Last, First, Middle) 英文姓名:

CRUZ JUAN DE LA

Name in Chinese: (Last, First, Middle) 中文姓名:

莊小華

Gender 性別:

☒

Male

☐

Female

Civil Status 婚姻狀況:

☒

Single

☐

Married

☐

Widowed

☐

Separated

Name of Spouse (if applicable) 配偶姓名 (如適用者):

Number of Dependent(s) (if applicable) 供養人數 (如適用者):

Date of Birth (Month/Day/Year) 出生日期 (月/日/年):

4-22-1972

Passport Number/HK ID No. 護照號碼/香港身份證號碼:

AB87654321

Telephone No. (Including Country and Area Code)

電話號碼 (包括國家, 地區號碼)

+

63

-

2

-

834697

Mobile No. (Including Country and Area Code)

流動電話號碼 (包括國家, 地區號碼)

+

63

-

4

-

564321

Facsimile No. (Including Country and Area Code)

傳真號碼 (包括國家, 地區號碼)

+

63

-

2

-

123456

Email Address 電郵地址:

JUANDELACRUZ@YAHOO.COM

Country of Citizenship 國籍:

PHILIPPINES

Residential Address 住宅地址:

Street Address 街道名稱:

123, A STREET

City 城市:

B CITY

State/Province 州省:

METRO MANILA

Country 國家:

PHILIPPINES

Postal/Zip Code 郵政編號:

Educational Background 教育程度:

☐

Primary 小學

☐

Secondary 中學

☒

Tertiary /University 大學

☐

Postgraduate Degree 大學以上

☐

Other 其他

Information about the Primary Account Holder 主要戶口持有人資料 (Continue)

Employment Status 職業狀況: ☒ Employed 僱員 ☐ Self-employed 自僱
☐ Unemployed 無業 ☐ Retired 退休
☐ Other 其他 _____

Name of Employer 僱主名稱: ABC COMPANY LTD.

Occupational / Job Title 職位: MANAGER

Nature of Business 業務性質: REALTY

Office Telephone No. 公司電話號碼: + 63 - 2 - 143232

Years with Employer 受僱年期: 15 Years

Employer Address 公司地址:
 Street Address 街道名稱: 456, D TOWER
 City 城市: E CITY
 State/Province 州省: METRO MANILA
 Country 國家: PHILIPPINES
 Postal/Zip Code 郵政編號: _____

Liquid Net Worth (Please specify currency)
 流動資產淨值 (請註明貨幣) HKD 1000000

Total Net Worth (Please specify currency)
 總資產淨值 (請註明貨幣) HKD 3000000

Annual Income (in HKD equivalent)
 每年收入 (以港元計) ☒ <\$250,000
☐ \$250,000 - \$500,000
☐ \$500,000 - \$1,000,000
☐ >\$1,000,000

Source of Wealth 資金來源:
 Please select all sources of wealth and declare which will be used to fund your account. Please specify as a percentage the extent to which each is used to fund your account.

Source	Is this source used to fund your account?	Percentage	Notes
<input checked="" type="checkbox"/> Income from Employment	<input checked="" type="checkbox"/>	30.0%	
<input type="checkbox"/> Property	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Interest/Dividend Income	<input checked="" type="checkbox"/>	100.0%	
<input type="checkbox"/> Disability/Severance/Unemployment	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Market Trading Profits	<input checked="" type="checkbox"/>	100.0%	
<input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/>		
<input type="checkbox"/> Pension/Government Retirement Benefit	<input type="checkbox"/>		
<input type="checkbox"/> Allowance/Spousal Income	<input type="checkbox"/>		
<input type="checkbox"/> Other	<input type="checkbox"/>		

Investment Knowledge 投資知識: ☐ None 無 ☒ Limited 有限
☐ Good 良好 ☐ Extensive 廣泛

Information about the Secondary Account Holder 第二戶口持有人資料

Name in English: (Last, First, Middle) 英文姓名:	CRUA MARY DE LA		
Name in Chinese: (Last, First, Middle) 中文姓名:	莊瑪莉		
Gender 性別:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	
Civil Status 婚姻狀況:	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Name of Spouse (if applicable) 配偶姓名 (如適用者):			
Number of Dependent(s) (if applicable) 供養人數 (如適用者):			
Date of Birth (Month/Day/Year) 出生日期 (月/日/年):	4-29-1976		
Passport Number/HK ID No. 護照號碼/香港身份證號碼:	CD55566677		
Telephone No. (Including Country and Area Code) 電話號碼 (包括國家, 地區號碼)	+ 63 - 2 -	834697	
Mobile No. (Including Country and Area Code) 流動電話號碼 (包括國家, 地區號碼)	+ 63 - 4 -	852963	
Facsimile No. (Including Country and Area Code) 傳真號碼 (包括國家, 地區號碼)	+ 63 - 2 -	123456	
Email Address 電郵地址:	MARYDELACRUZ@YAHOO.COM		
Country of Citizenship 國籍:	PHILIPPINES		
Residential Address 住宅地址:			
Street Address 街道名稱:	123, A STREET		
City 城市:	B CITY		
State/Province 州省:	METRO MANILA		
Country 國家:	PHILIPPINES		
Postal/Zip Code 郵政編號:			
Educational Background 教育程度:	<input type="checkbox"/> Primary 小學		
	<input type="checkbox"/> Secondary 中學		
	<input checked="" type="checkbox"/> Tertiary /University 大學		
	<input type="checkbox"/> Postgraduate Degree 大學以上		
	<input type="checkbox"/> Other 其他		

Information about the Secondary Account Holder 第二戶口持有人資料 (Continue)

Employment Status 職業狀況: ☒ Employed 僱員 ☐ Self-employed 自僱
☐ Unemployed 無業 ☐ Retired 退休
☐ Other 其他 _____

Name of Employer 僱主名稱: GFK COMPANY LTD.

Occupational / Job Title 職位: SENIOR ASSISTANT

Nature of Business 業務性質: MARKETING

Office Telephone No. 公司電話號碼: + 63 - 2 - 876590

Years with Employer 受僱年期: 10 Years

Employer Address 公司地址:
 Street Address 街道名稱: 98, G TOWER
 City 城市: K CITY
 State/Province 州省: METRO MANILA
 Country 國家: PHILIPPINES
 Postal/Zip Code 郵政編號: _____

Liquid Net Worth (Please specify currency)
 流動資產淨值 (請註明貨幣) HKD 1000000

Total Net Worth (Please specify currency)
 總資產淨值 (請註明貨幣) HKD 3000000

Annual Income (in HKD equivalent) ☒ <\$250,000
 每年收入 (以港元計) ☐ \$250,000 - \$500,000
☐ \$500,000 - \$1,000,000
☐ >\$1,000,000

Source of Wealth 資金來源:
 Please select all sources of wealth and declare which will be used to fund your account. Please specify as a percentage the extent to which each is used to fund your account.

Source	Is this source used to fund your account?	Percentage	Notes
<input checked="" type="checkbox"/> Income from Employment	<input checked="" type="checkbox"/>	30.0%	
<input type="checkbox"/> Property	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Interest/Dividend Income	<input checked="" type="checkbox"/>	100.0%	
<input type="checkbox"/> Disability/Severance/Unemployment	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Market Trading Profits	<input checked="" type="checkbox"/>	100.0%	
<input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/>		
<input type="checkbox"/> Pension/Government Retirement Benefit	<input type="checkbox"/>		
<input type="checkbox"/> Allowance/Spousal Income	<input type="checkbox"/>		
<input type="checkbox"/> Other	<input type="checkbox"/>		

Investment Knowledge 投資知識: ☐ None 無 ☒ Limited 有限
☐ Good 良好 ☐ Extensive 廣泛

Banking References 銀行資料

Bank Account Name 銀行戶口名稱: JUAN DE LA CRUZ

Bank Account No. 帳戶號碼: 1122334455

Bank Name 銀行名稱: DEF BANK

Bank Address 銀行地址: DEF BANK, BANK STREET, METRO MANILA
PHILIPPINES

Mailing and Communication Instructions 通訊資料

For the Attention of 收件人: JUAN DE LA CRUZ

Mobile No. (Including Country and Area Code) 流動電話號碼 (包括國家, 地區號碼) * Required for 2-FACTOR AUTHENTICATION Registration
+ 63 - 4 - 564321

Postal Address 通訊地址: ☒ Same as Residential Address

Street Address 街道名稱: _____

City 城市: _____

State/Province 州省: _____

Country 國家: _____

Postal/Zip Code 郵政編號: _____

Email Address 電郵地址: JUANDELACRUZ@YAHOO.COM

Information on the Financial Profile of the Account Holder(s) 財政狀況

Risk Tolerance 可承受風險 ☐ Aggressive 高
☒ Moderate 中
☐ Conservative 保守

Overall Investment Objectives 投資目的 ☐ Capital Preservation 資本保值
☐ Income 固定收入
☒ Growth 資本增長
☐ Speculation 投機

Additional Declarations 聲明

Are you an employee or agent of an exchange of an exchange participant of a stock/ future exchange, or a securities/ futures dealer or investment adviser registered with the Securities and Futures Commission?

閣下是否證券／期貨交易所參與者的僱員或代理人, 或於證監會註冊的證券／期貨交易商或投資顧問的僱員或代理人?

☒ No 否

☐ Yes (Please provide a consent letter from your employer)
是 (請提供有關文件證明)

Supporting Documents 附帶文件

The enclosed certified true copies of each of the following documents in support of this application
以下之附件是經核證之真實副本：

- ☒ Passport/ HKID of the Primary Account Holder
主要戶口持有人之護照 / 香港身份證
- ☒ Passport/ HKID of the Secondary Account Holder (if applicable)
第二戶口持有人之護照 / 香港身份證（如適用者）
- ☒ Proof of Address (e.g. Utility Billing Statement)
住址證明（如：電費單等）
- ☒ Specimen Signature Cards for the Account Holder(s)
帳戶持有人之簽名樣式卡
- ☒ Client Agreement Form signed by the Primary Account Holder and Secondary Account Holder (if applicable),
witnessed by a duly licensed Solicitor
主要戶口持有人及第二戶口持有人（如適用者）之已得律師見證下簽訂的客戶協議書

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E
► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.
► Give this form to the withholding agent or payer. Do not send to the IRS

OMB No. 1545-1621

Do Not use this form if:

- You are NOT an individual
- You are a U.S. citizen or other U.S. person, including a resident alien individual
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services)
- You are a beneficial owner who is receiving compensation for personal services performed in the United States
- A person acting as an intermediary

Instead, use Form:

W-8BEN-E
W-9
W-8ECI
8233 or W-4
W-8IMY

Part I Identification of Beneficial Owner (see instructions)

1	Name of individual who is the beneficial owner CRUZ JUAN DE LA	2	Country of citizenship PHILIPPINES	
3	Permanent residence address (Street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 123, A STREET City or town, state or province. Include postal code where appropriate. B CITY METRO MANILA			Country PHILIPPINES
4	Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country			
5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6	Foreign tax identifying number (see instructions) 111-111-111
7	Reference number(s) (see instructions)		8	Date of birth (MM-DD-YYYY) (see instructions) 4-22-1972

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

- 9 I certify that the beneficial owner is a resident of **PHILIPPINES** within the meaning of the income tax treaty between the United States and that country.
- 10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):
Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

29-Apr-15
Date (MM-DD-YYYY)

JUAN DE LA CRUZ

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E
► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.
► Give this form to the withholding agent or payer. Do not send to the IRS

OMB No. 1545-1621

Do Not use this form if:

- You are NOT an individual
- You are a U.S. citizen or other U.S. person, including a resident alien individual
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services)
- You are a beneficial owner who is receiving compensation for personal services performed in the United States
- A person acting as an intermediary

Instead, use Form:

W-8BEN-E
W-9
W-8ECI
8233 or W-4
W-8IMY

Part I Identification of Beneficial Owner (see instructions)

1	Name of individual who is the beneficial owner MARY DE LA CRUZ	2	Country of citizenship PHILIPPINES	
3	Permanent residence address (Street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 123, A STREET City or town, state or province. Include postal code where appropriate. B CITY METRO MANILA			Country PHILIPPINES
4	Mailing address (if different from above) City or town, state or province. Include postal code where appropriate.			Country
5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions) 000-000-000	
7	Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions) 04-29-1976	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

- 9 I certify that the beneficial owner is a resident of **PHILIPPINES** within the meaning of the income tax treaty between the United States and that country.
- 10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):
Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

04-29-2015
Date (MM-DD-YYYY)

MARY DE LA CRUZ
Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)