

Corporate Account Opening Form

BOOM SECURITIES (H.K.) LIMITED
Suite 802, AIA Tower, 183 Electric Road, North Point, Hong Kong
SFC Registered Securities Dealer CE No AEF 808



Type of Account (Please tick the appropriate box) Cash Account / Margin Account

To open your BOOM Trading Account, please

- complete and sign** ALL the sections* in this application form, and
- attach** the following documents
 - Certified copy of Certificate of Incorporation
 - Certified copy of Memorandum & Articles of Associations [△]
 - Certified copy of Board resolution(s) on approving account opening with BOOM and the appointment of Authorized Person(s) to operate the account
 - Certified copies of Official ID/Passport of ALL Authorized Persons (as stated in Part 4)
 - Certified copies of Official ID/Passport of ALL Directors and Individual Shareholders (as stated in Part 6) [△]
 - Proof of Address (issued within 3 months) of Individual Shareholders (as stated in Part 6) [△]
 - Witness signed in Part 10b
 - Completed "Guarantor Information for Corporate Margin Account", signed "Guarantee Agreement" and photocopies of Official ID/Passport of the Guarantor (*for margin account application ONLY*)

For Hong Kong Incorporated Company

 - Certified copy of Business Registration Certificate [△]
 - Certified copies of latest Annual Return and subsequent form(s) filed to the Hong Kong Company Registry [△]

For Non-Hong Kong Incorporated Company

 - Certified copies of the Register of Directors and the Register of Members [△]
 - Bank account statement (issued within 3 months) showing the Company Name and Address [△]

Account Opening Fee of HK\$1,800 will be debited from your account once it is activated.

* If interested in U.S. stock trading, please complete and sign Part 11 (not applicable to U.S. companies).

[△] Not applicable to listed company.

For Official Use Only

Account Number _____	
Document obtained	<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Board Resolution(s) <input type="checkbox"/> Proof of Address of Ind. Shareholders [△] <input type="checkbox"/> Guarantor Information, Guarantee Agreement and ID/Passport of Guarantor ¹ <input type="checkbox"/> Business Registration Certificate ^{2 △} <input type="checkbox"/> Directors and Members Register ^{3 △}
	<input type="checkbox"/> Memorandum & Articles of Associations [△] <input type="checkbox"/> ID/Passport of ALL Authorized persons <input type="checkbox"/> ID/Passport of ALL Directors & Ind. Shareholders [△] <input type="checkbox"/> Latest Annual Return and forms filed ^{2 △} <input type="checkbox"/> Bank Account Statement ^{3 △}
<p><i>Note:</i> 1. For corporate margin application 2. For HK incorporated companies 3. For non-HK incorporated companies</p>	
<input type="checkbox"/> Required information and documents are obtained and checked <input type="checkbox"/> Client Agreement and Addendum - Margin Agreement (if applicable) have been sent to the Client	
Reviewed _____	Handling Staff _____
Date _____	Date _____
X Functional Head _____	X Settlement _____
Date _____	Date _____

PART 1 : Corporate Information

Name of Company ("Applicant") (Please use block letters) _____
 公司名稱 (請以中文填寫) _____

Name of Account _____

Country of Incorporation _____

as a Private Limited Company Public Limited Company Partnership
 Association / Society Others, please specify _____

Principal Place of Business _____ Nature of Business _____

Business Registration No. _____ Established Since _____ No. of Employees _____

Correspondence Address (P.O. Box not accepted)

City _____ Province _____

Country _____ Postal/Zip Code _____

Tel. No. () _____ Fax. No. () _____

Correspondence Email

Registered Office Address (P.O. Box not accepted)

City _____ Province _____

Country _____ Postal/Zip Code _____

Tel. No. () _____ Fax. No. () _____

PART 2 : Corporate Structure

Share Capital

Authorized Share Capital _____ shares of par value Currency _____ Amount _____ each share

Issued Share Capital _____ shares of par value Currency _____ Amount _____ each share, fully/partly paid

Is any member of your group of companies a client of BOOM?
 No Yes. Please specify member name and account no. _____

PART 3 : Other Corporate Information (For Margin Account Application ONLY)

Guarantor (Guarantor must print, fill, sign and submit "Guarantor Information for Corporate Account")

Last _____ First _____

Tel. No. () _____

PART 4 : Particulars of Authorized Person and Contact Person

The person(s) (each "Authorized Person"), as appointed in the Board Resolutions, is/are authorized to give instruction, to operate and/or to trade on behalf of the corporate account.

There are *more than two* Authorized Persons. "Supplement to Corporate Account – Particulars of Authorized Person" form is attached.

I. Authorized Person Authorized Role(s): Place Orders and/or Authorized Signer

Contact Priority _____ Mr. Ms. Mrs. Dr.

Surname _____ Given Name _____

Gender Male Female Date of Birth _____ Year _____ Month _____ Day _____

Official ID / Passport No. _____ Certified Copy of ID/Passport attached

Citizenship _____ Email [_____]

Country of Primary Residence _____

Position _____

Office Tel. () _____

Home Tel. () _____

Mobile Tel. () _____

Specimen Signature

II. Authorized Person Authorized Role(s): Place Orders and/or Authorized Signer

Contact Priority _____ Mr. Ms. Mrs. Dr.

Surname _____ Given Name _____

Gender Male Female Date of Birth _____ Year _____ Month _____ Day _____

Official ID / Passport No. _____ Certified Copy of ID/Passport attached

Citizenship _____ Email [_____]

Country of Primary Residence _____

Position _____

Office Tel. () _____

Home Tel. () _____

Mobile Tel. () _____

Specimen Signature

PART 5 : Signing Arrangement of Authorized Person

Person(s) listed out in Part 4 (each an "Authorized Person") may operate the account, according to signature arrangement specified below: -

Total number of signatories _____ Number of signatures required _____

Special signature arrangement (if any)

PART 6 : Ultimate Beneficiary

Name of Ultimate Holding Company _____

Particulars of individual shareholder(s) of the Ultimate Holding Company holding 10 per cent or more: (Not applicable to listed company)

Name	Address (<input type="checkbox"/> Proof of address attached)	Percentage of Shares Held As Beneficiary	Percentage of Shares Held As Trustee & Name of Beneficiary(ies)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 7 : Bank Information

Bank Name _____ Bank Account Number _____

Name of Account _____

Initial Deposit by Cheque _____ Currency _____ Amount _____

PART 8 : Communication Instruction

Which language do you prefer to be communicated in? English / Chinese

Account Notifications (include trade confirmations and corporate action notices) will be sent to you via email as indicated in Part 1 only.

Delivery of Transaction Record - send to the email OR correspondence address as indicated in Part 1

Daily Activity Statements Send by email / Send by post

Monthly Activity Statements Send by email / Send by post (Handling Fee HKD 10)

Transaction Record Daily (also serves as trading confirmations and contract notes) / Monthly Activity Statements can be accessed online at BOOM > My Account > Account History > Statement (Daily / Monthly).

Where did you hear about BOOM?

Search Engines [Google / Yahoo / MSN / Others, please specify _____]

Web [BOOM Website / Other Website, please specify _____]

Media [Newspaper / Magazine / TV/Radio / Seminar / MTR/Bus/Billboard]

Referrals [Referred by Friends / Referred by BOOM member, member's name _____]

PART 9 : Investment Profile

In order to better understand your need and in serving you, please provide us with the following information.

Investment Objective..... Capital Preservation – Low Risk / Return Controlled Growth – Moderate Risk / Return Speculative/Short-term – High Risk / Return Combination of Moderate to High Return

Investment Knowledge..... None Fair Good Extensive

Investment Experience..... None Fair Good Extensive

Type of Investments..... Equity Equity Warrants Equity Options Foreign Exchange

You Have Foreign Exchange Options Corporate Bonds Government Bonds Mutual Funds Index Options

Annual Turnover (HK\$) ... Under \$5 mil \$5 mil – \$20 mil \$20 mil – \$100 mil \$100 mil – \$300 mil \$300 mil or above

Liquid Net Assets (HK\$)... Under \$8 mil \$8 mil – \$20 mil* \$20 mil – \$100 mil* \$100 mil – \$300 mil* \$300 mil or above*

* If selected any of these options, BOOM may send you information regarding offers of securities exclusive for Professional Investors.

For Official Use Only: Declaration by Staff (a Licensed or Registered Person)

I, the undersigned, confirm that the **Risk Disclosure Statements** in **Clause 42** of the **Client Agreement** and **Clause 14** of the **Addendum – Margin Agreement (margin application only)** have been provided to the client in a language of one's choice, and the client was invited to read and ask questions and to take independent advice, if the client so wishes.

X _____
Signature of Staff Name of Staff (in block letters) CE No. (in block letters) Date

PART 10 : Declaration of Client

Part 10a : Client Declaration

We, the undersigned, declare and represent that we have examined the information as provided by us on this form are true, correct and complete and that the representations made by me/us are accurate. We agree that all personal data provided in this application form may be used by the company in connection with verification/administration procedures, or disclosed for any other purposes as defined in the Personal Data (Privacy) Ordinance. We understand that, we may arrange to be excluded from any of the company's future promotional mailings, at any time and without charges, by giving notification in writing to the company.

(Please **CHOOSE** the account type you are applying and **CROSS OUT** the non-applicable declaration)

For Cash Account Application

We, the undersigned, have read, have been explained when requested, and fully understood the attached provisions of **Client Agreement** and Supplement to the Client Agreement – Interest Schedule. The **Risk Disclosure Statements** in **Clause 42** of the **Client Agreement** were provided in a language of our choice (English or Chinese) and we were invited to read, to ask questions and take independent advice if we wish. We accept and agree to be bound by the Client Agreement in full as it may be amended from time to time.

For Margin Account Application (Guarantor please complete and submit the "Guarantor Information for Corporate Margin Account")

We, the undersigned, have read, have been explained when requested, and fully understood the attached provisions of **Client Agreement, Addendum – Margin Agreement**, and Supplement to the Client Agreement – Interest Schedule. The **Risk Disclosure Statements** in **Clause 42** of the **Client Agreement** and **Clause 14** of the **Addendum – Margin Agreement** were provided in a language of our choice (English or Chinese) and we were invited to read, to ask questions and take independent advice if we wish. We accept and agree to be bound by the Client Agreement and Addendum – Margin Agreement in full as it may be amended from time to time.

X _____
Signature of Authorized Person & Company Chop Date

Part 10b : Witness

X _____
Signature of Witness Name of Witness Occupation of Witness # Date

Acceptable Witness can be a BOOM employee, Justice of Peace, Notary Public, a financial or legal professional, such as a Bank Manager, Certified Public Accountant, Solicitor).

Your Member ID and Login Password will be sent to you via email upon finalization of your application. Your Key Code will be sent to you by post following this. Thank you for your interest in BOOM.

(If there is inconsistency between the English and Chinese version of this Account Opening Form, the English version shall prevail.)

PART 11 : W-8BEN Form (For U.S. stock trading only, not applicable for U.S. companies)

Form **W-8BEN**
(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual, W-9
 - A person claiming that income is effectively connected with the conduct of a trade or business in the United States, W-8ECI
 - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions), W-8ECI or W-8IMY
 - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions), W-8ECI or W-8EXP
 - A person acting as an intermediary, W-8IMY
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions)	
1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
3 Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)	
5 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)	
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)
8 Reference number(s) (see instructions)	

Part II Claim of Tax Treaty Benefits (If applicable)

9 I certify that (check all that apply):

- a The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
- b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a 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 Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV 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:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2 The beneficial owner is not a U.S. person,
- 3 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 income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- 4 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.

Sign Here ▶
Date (MM-DD-YYYY) Capacity in which acting