

Update of Client Information Statement (Account Holder)

Identification Information

Account Number: _____
Name*: _____
I.D. / Passport Number*: _____
Nationality*: _____
Home Address*: _____
Home Phone: _____
Mobile Number: _____
E-mail Address: _____
Fax Number: _____
SFC Registration**: Yes No
Employer's Consent**: Yes No NA

Employment Status

Name of Employer/New Business: _____
Nature of Business: _____
Business Address & Phone: _____
Position: _____
Annual Income: _____

Wealth Information

Source of Funds/Wealth: Work/Employment Savings Investment Rental Income
Retirement/Pension Benefit Gift Estate
Others (please specify): _____
Net Worth: _____
Bank Account Information*: _____

Effective Date: _____

Name of Account Holder(s) & Specimen Signature

Date:

* Change of the above information requires support document.

** If client is a registered person or employed by a company registered under SFC, employer's consent letter should have been obtained.

Update of Client Information Statement (Authorized Person)

Identification Information

Name*: _____

I.D. / Passport Number*: _____

Nationality*: _____

Home Address: _____

Home Phone: _____

Mobile Number: _____

E-mail Address: _____

Fax Number: _____

SFC Registration**: Yes No

Employer's Consent**: Yes No NA

Employment Status

Name of Employer/New Business: _____

Business Address & Phone: _____

Nature of Business: _____

Occupation: _____

Years Spent in That Occupation: _____

Position: _____

Relationship with Account Holder(s): _____

Effective Date: _____

Name of Account Holder(s) & Specimen Signature

Date:

* Change of the above information requires support document.

** If client is a registered person or employed by a company registered under SFC, employer's consent letter should have been obtained.