



PROFESSIONAL INVESTOR ASSESSMENT FORM (INDIVIDUAL)

SECTION A : CLIENT'S INFORMATION

NAME OF CLIENT

(☐ Mr. / ☐ Miss / ☐ Mrs.) _____

MOBILE PHONE NUMBER

ACCOUNT NUMBER

(if any) _____

DATE OF COMPLETION

(dd/mm/yyyy) _____

☐ Individual / Primary Joint Account Holder

☐ Secondary Joint Account Holder

SECTION B : ASSET ADEQUACY ASSESSMENT

Pursuant to the requirements under **section 3** of the **Securities and Futures (Professional Investor) Rules** (the "PI Rules") (**Cap. 571D**), I / We hereby **confirm** that I / We shall be categorized as an **Individual Professional Investor** as shown below :

(Remarks : Please arrange the relevant supporting documents for verification purposes.)

TYPE OF

PROFESSIONAL INVESTOR ("PI")

"INDIVIDUAL" – An Individual, either alone or with **Any** of his/her associates on a joint account.

** in relation to an Individual, means the spouse or **Any** child of an Individual **

CRITERIA

Has a portfolio of **Not less than HK\$8 Million or its equivalent** (or its equivalent in **Any** foreign currency) at the relevant date.

TYPE OF ASSETS

1/ Portfolio includes (I) Cash, (II) Certificate of Deposit and/or (III) Securities.

2/ A Portfolio comprising any of the following :-

- (a) Securities;
- (b) A Certificate of Deposit issued by an authorized financial institution or a bank (either in Hong Kong or Overseas); and/or
- (c) Money held by a Custodian for an Individual.

3/ Bonds

(Remarks : "SECURITIES" means shares, stocks, debentures, loan stocks, funds, bonds or notes of, or issued by a body, whether incorporated or unincorporated, or a government or municipal government authority and other Securities products defined under **schedule 1 of Cap. 571 Securities and Futures Ordinance** (the "SFO").

TYPE OF SUPPORTING DOCUMENT(S)

(Please TICK ☒ the appropriate box.)

- ☐ (a) A Certification issued by an Auditor or a Certified Public Accountant of the Individual **Within Twelve (12) Months before** the relevant date; or
- ☐ (b) One or more Custodian Statements issued to the Individual (either alone or with the Associate) **Within Twelve (12) Months before** the relevant date; or
- ☐ (c) Bank Statements issued to the Individual **Within Twelve (12) Months before** the relevant date.

SECTION C : CLIENT CONSENT TO TREATMENT AS AN INDIVIDUAL PROFESSIONAL INVESTOR

CONSENT TO BE TREATED AS AN INDIVIDUAL PROFESSIONAL INVESTOR

(Remarks : Please TICK ☒ in the box if you AGREE)

- ☐ **AGREE** - I / We, hereby confirm / acknowledge the assessment results, declarations and supporting document(s) to the above provided by myself / ourselves are **True, Complete and Accurate**, to the best of my / our knowledge and consent QMIS Securities to classify me / us as an **Individual Professional Investor** pursuant to **paragraph J** of the definition of **Professional Investor ("PI")** in **section 1 of part 1 of schedule 1** of the **Securities and Futures Ordinance** (the "SFO") (**Cap. 571**), and **section 3** of the **PI Rules** and **paragraph 15.2** of the **Code of Conduct for Persons Licensed by or Registered with the Securities and Futures Commission** (the "Code").

SECTION D : POTENTIAL RISKS / CONSEQUENCE OF BEING TREATED AS AN INDIVIDUAL PROFESSIONAL INVESTOR

The performance of the obligations under **paragraph 15.5** of the **Code of Conduct for Persons Licensed by or Registered with the Securities and Futures Commission** (the “**Code**”) by QMIS Securities shall be waived in the event that it shall be complied with the procedures for exempting the performance of the obligations by QMIS Securities under **paragraph 15.3B** of the Code. The waived obligations under **paragraph 15.5** of the Code are set out as shown below :

INFORMATION FOR CLIENTS

QMIS SECURITIES LIMITED shall NOT require to :

- (A) inform me / us about QMIS Securities and the identity and status of QMIS Securities' Staff Member(s) and other acting on QMIS Securities' on behalf of (**paragraph # 8.1 of the Code**) ;
- (B) confirm promptly with me / us the essential features of a transaction / an order after effecting a transaction / an order for me / us on behalf of (**paragraph # 8.2 , paragraph # 4 of schedule 3 and paragraph # 18 of schedule 6 of the Code**); and
- (C) provide me / us with documentation on the **Nasdaq-Amex Pilot Program (paragraph # 1 of schedule 3 to the Code)**.

CONTRACTS NOTES, STATEMENT OF ACCOUNT AND RECEIPTS

QMIS SECURITIES LIMITED shall NOT require to :

provide me / us with **Contract Notes, Statements of Account or Receipts** in accordance with the **Securities and Futures (Contract Notes, Statements of Account and Receipts) Rules**, unless I / We notify QMIS Securities otherwise **In Writing**.

- ☐ **AGREE** - I / We, hereby confirm and understand that I / We shall be exposed to substantial risks in being treated as a **Professional Investor** as abovementioned. I / We hereby Acknowledge that the “**Risk Disclosure Statements**” (which has provided by QMIS Securities in separate) shall NOT and do NOT purport to disclosure all the risks associated with being treat as a **Professional Investor** (“**PI**”) as abovementioned. QMIS Securities also advise me / us to carefully consider the risks associated and consequences of such treatment in the light of my / our own **(I) Investment Experience, (II) Investment Objectives and (III) Financial Resources** and any other relevant circumstances.

SECTION E : RIGHT TO WITHDRAW FROM BEING TREATED AS AN INDIVIDUAL PROFESSIONAL INVESTOR

- (A) I / We shall understand that I / We shall have the right, from time to time, in respect of all investment product(s) and/or market(s) or part thereof on giving a **Written Notice of Not less than Fourteen (14) Business Days** to QMIS Securities to object to being treated as an **Individual Professional Investor** as described above and request to withdraw from being so treated ;
- (B) I / We shall inform QMIS Securities **In Writing** immediately if I / We no longer fall into the categories of the **section 3(b)** of the **PI Rules** for an **Individual Professional Investor** as described above from being so treated ;
- (C) I / We shall agree that unless and until QMIS Securities receives from me / us a **Written Notification** of my / our objection and withdrawal, QMIS Securities shall be entitled to treat me / us as an **Individual Professional Investor** as described above. Any request by me / us to withdraw from being treated as an **Individual Professional Investor** shall be without prejudice to and shall NOT affect the provision of any services rendered to me / us on the basis that I am / we are an **Individual Professional Investor** prior to such withdrawal taking effect.

SECTION F : ACKNOWLEDGEMENT, DECLARATION AND SIGNATURE

I / We hereby confirm and declare that :

- | | | |
|----|--|---------------------------------------|
| 1/ | All above provided information is True, Complete and Accurate and QMIS Securities shall be entitled to rely fully on such information and representation for all purposes, unless QMIS Securities receives Notice In Writing to change made to the information above thereafter ; | ☐ AGREE |
| 2/ | I / We hereby confirm that I / We have read and understood the contents in the “ Professional Investor Assessment Form ” (“ PIAF ”). I / We fully understand the risks associated and consequences of being treated as a Professional Investor (“ PI ”) and I / We have been given an opportunity to obtain the independent advice ; | ☐ AGREE |

3/	I / We understand that lodging of this Assessment Form shall in no way implies approval of my / our status as a Professional Investor ("PI") ;	☐ AGREE
4/	QMIS Securities shall possess the right to reject my / our request for treating as a Professional Investor ("PI") without giving any reason;	☐ AGREE
5/	After being treated as a Professional Investor ("PI") , I / We still have the right, from time to time, to stop being treated Upon Fourteen (14) Business Days in Written Notice and mail directly to the signed original copy to QMIS Financial Limited – Customer Services Officer ;	☐ AGREE
6/	I / We shall inform QMIS Securities if I / We find myself / ourselves no longer fall within the definition as a Professional Investor ("PI") under the Securities and Futures (Professional Investor) Rules ; and	☐ AGREE
7/	I / We shall also agree that all my / our personal data provided shall be used by QMIS Securities connection with the verification / administration procedures, or disclosure for any other purposes as defined in the Personal Data (Privacy) Ordinance (the "PDPO"). I / We hereby authorize QMIS Securities to contact any Party, including Banks, Brokers or any Credit Agency from time to time, for the purpose of verifying the information provided in my / our completed " Professional Investor Assessment Form " ("PIAF").	☐ AGREE

CLIENT'S SIGNATURE:

NAME OF CLIENT (FULL in Capital Letters) :

DATE OF DECLARATION (dd/mm/yyyy) :

FOR INTERNAL USE ONLY:

Declaration from QMIS Securities' Licensed Staff / Portfolio Manager ("PM"):

I, _____ (FULL in Capital Letters) have reviewed the Client's "**Professional Investor Assessment Form**" ("PIAF") with all of his/her/their provided supporting document(s) (if applicable). Based on my detailed discussion with the Client(s) under the "Know-Your-Client" Process by QMIS Securities, based on my best knowledge and effort and hereby confirm / acknowledge that the Client (s) has/have satisfied with all requirements to be treated as an **Individual Professional Investor ("PI")** falling under PI Rules and the Code.

I, hereby declare that I have explained all contents in this Assessment Form and the risks associated and consequences of consenting to being treated as an **Individual Professional Investor ("PI")** in a language which the Client(s) fully understand(s) and have/(has) invited the Client(s) to ask questions and take independent advice if the Client(s) wish(es). I have also informed the Client(s) of the right to withdraw from being treated as a **Professional Investor ("PI")** if he/she/we raise(s) his/her/their requests.

QMIS SECURITIES' LICENSED STAFF OR PORTFOLIO MANAGER'S SIGNATURE ("PM"):

SFC CE NUMBER :

NAME OF QMIS SECURITIES LICENSED STAFF OR PORTFOLIO MANAGER (FULL in Capital Letters):

DATE OF COMPLETION (dd/mm/yyyy) :

To be completed and signed by Responsible Officer ("RO"):

1/ Has/(Have) the Client(s) completed and signed **Parts A/B/C/D/F** of this Assessment Form ?

☐ **YES** ☐ **NO**

2/	Has the Licensed Staff or the Portfolio Manager completed and signed of this Assessment Form ?	☐ YES ☐ NO						
3/	Has/(Have) the Client(s) provided all the relevant supporting document(s) ? If NO , please state the outstanding document(s) or provide any alternative supporting document(s) : 	☐ YES ☐ NO						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; background-color: #e0f7fa; padding: 5px;"> APPROVED BY RESPONSIBLE OFFICER ("RO"): </td> <td style="width: 33%; border: 1px solid black; background-color: #e0f7fa; padding: 5px;"> NAME OF RESPONSIBLE OFFICER (FULL in Capital Letters): </td> <td style="width: 33%; border: 1px solid black; background-color: #e0f7fa; padding: 5px;"> DATE OF APPROVED (dd/mm/yyyy) : </td> </tr> <tr> <td style="border: 1px solid black; height: 40px; vertical-align: bottom;"> </td> <td style="border: 1px solid black; height: 40px; vertical-align: bottom;"> </td> <td style="border: 1px solid black; height: 40px; vertical-align: bottom;"> </td> </tr> </table>			APPROVED BY RESPONSIBLE OFFICER ("RO"):	NAME OF RESPONSIBLE OFFICER (FULL in Capital Letters):	DATE OF APPROVED (dd/mm/yyyy) :			
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