

Change of Financial Status / Investment Objective & Experience

更改財政狀況/投資目的及經驗

To: Celestial Securities Limited / Celestial Commodities Limited / Celestial Finance Limited

致:時富證券有限公司/時富商品有限公司/時富財務有限公司

Please post your completed form to Client Services Department, 22/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Hong Kong, by fax to (852) 2820 0900, or by visiting the Services Centres of CASH Financial Services Group. Your request will be processed within 2 working days upon receipt of the duly completed form. For inquiries, please do not hesitate to contact us at (852) 2663 8888. 請將已填妥的表格郵寄至香港九龍灣宏泰道 23 號 Manhattan Place 22 樓客戶服務部、傳真至 (852) 2820 0900 或交回時富金融服務集團各服務中心。本公司將在收到填妥的表格後兩個工作天內處理您的申請。如欲查詢,請致電(852) 2663 8888 與客戶服務部聯絡。

(852) 2820 0900 或交客戶服務部聯絡。	回時富金融	油服務集團各服	務中心。本公司制	将在收到填妥的表格後兩個二	C作天内處理您的申請	,。如欲查詢	詢,請致電(852) 2663 8888 與	
I/We hereby request to i本人/吾等現要求貴				:		_		
財政狀況 Financial St	<u>atus</u>							
年薪(港元)Annual □< \$150,000 □		•]\$300,001- \$500,	,000 □> \$500,000				
				ner Expected Source of Income (r K Nil □其他 Others		ommission /	Bonus (if applicable)):**	
資產項目 Asset Items* □房地產Property □		次 Cash / Deposit	□上市證券 Lis	sted Securities □其他 Others				
資產總值(港元)To□< \$100,000 □\$			500,001- \$1,000,0	000 □\$1,000,001 - ≤ \$8,00	00,000 □>\$8,000,C)00		
投資目標 Investment C 資本保值 Capital pre			vidend return []	資本增值 Capital appreciation	□投機 Market specula	ution		
投資經驗 Investment E	Experience							
					f Investment Experience			
投資產品 Investment	Products	無 Nil	一年以下 <1Y	Year 一至五年 1-5Years	rs 六至十年 6-10	0Years	十年以上 >10Years	
股票 Shares*								
外匯/黃金 Forex /]	Bullion*							
債券/基金 Bonds /		+ -						
衍生工具 Derivatives		+ = +			-			
其他 Others*	<i>,</i> ,	+ -						
共世 Ullicis:								
只適用於公司賬戶 Fo			1 A coate	- 次字\\	SV - VVV al.	目並	Frankfilm I to Annual Dro	
已繳股本 Paid Up Ca	apital	流勁貝	產 Liquid Assets	資產淨值 As	set Net Worth	取初	年度溢利 The Latest Annual Prof	
*以 " ✔" 號選擇— I confirm the above info 本人確認上述所填寫	ormation in th	this form is true, c	complete and correc	少一項 ** tick "✔□" at least o	ne			
Client Signature(s) 客戶簽署		the signature(s) fi 本公司之印鑑式	ield with our compa 式樣	vany	Account No. 戶口號碼			
Client Name 客戶名稱						Date day 日 / month 月 / year 年 日期		
r								
				or official use only 僅供職員均				
☐ Original ☐ Face to face		Phone verified	by	Phone number	Date		Time	

Approved by

Input by

Checked by

Handled by

Verified by