

Please post your completed form to Client Services Department, 22/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Hong Kong 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 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。

**PURPOSE OF THIS QUESTIONNAIRE 本問卷之宗旨**

Before formulating your investment strategy, you should understand more about your own investment objectives, risk tolerance level and individual financial needs. This questionnaire will help you analyze your specific investment attitude based on your personal investment goal, risk tolerance level, investment horizon, liquidity needs and financial strength.

在訂立您的投資策略之前，您應該首先瞭解清楚自己的投資目標、風險承受程度及個人財務需要。本問卷會根據您的個人投資目標、風險承受程度、投資年期、流動資金需要及財務實力，分析您的個人投資取向。

**PERSONAL INFORMATION 個人資料**

1. Age group 年齡組別  A) 65 or above 65歲或以上  B) Below 65 65歲以下

2. Education level 教育程度

A) Primary or below 小學或以下

B) Secondary 中學

C) Post-Secondary 專上學院

D) Tertiary or above 大學或以上

3. Do you rely on your investments to support yourself?  
您是否倚賴投資收入以維持生活？

A) Yes 是  B) No 否

**FINANCIAL POSITION 財務狀況**

4. Total annual income (HKD)  
年收入總額 (港幣)

A) < \$150,000

B) \$150,000- \$300,000

C) \$300,001- \$500,000

D) > \$500,000

5. Total liquid assets (HKD)  
流動資產總值 (港幣)

A) < \$100,000

B) \$100,000- \$500,000

C) \$500,001- \$1,000,000

D) \$1,000,001 - ≤ \$8,000,000

E) > \$8,000,000 (Please fill in Professional Investor Form 請填寫專業投資者表格)

6. Percentage of current net worth set aside for saving and investment  
流動資產淨值中用作儲蓄及投資的比例

A) < 10%  B) 10% - 30%  C) 31% - 50%  D) > 50%

**INVESTMENT OBJECTIVE & RISK PROFILE 投資目標及風險取向**

7. Investment goal (Choose one only)  
投資目標 (只選一項)

A) Capital preservation 資本保值

B) Dividend return 股息回報

C) Capital appreciation 資本增值

D) Market speculation 投機

8. Highest investment horizon you can tolerate (in years)  
最長可承受投資年期

A) < 1  B) 1- 5  C) 6-10  D) > 10

9. Highest level of investment loss you can tolerate  
可接受最高的投資虧損

A) < 10%  B) 10% - 20%  C) 21% - 30%  D) > 30%

**INVESTMENT KNOWLEDGE & EXPERIENCE 投資知識及經驗**

Investment Products 投資產品	Knowledge and Experience 知識及經驗	No knowledge 沒有任何知識 (A)	Have knowledge with the following no. of years of experience 有知識及以下年期的經驗		
			0- <1 (B)	1-2 (C)	>2 (D)
10a. Principal Protected Products (e.g. Certificates of Deposit, FX Linked Deposit) 保本產品 (如:存款證、外匯掛鈎存款)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b. Bonds, Bond Funds, Foreign Currency, Fixed Income Investment 債券、債券基金、外匯、定息工具		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10c. Stocks, Equity Funds, ETF 股票、股票基金、交易所買賣基金		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d. Commodities, Commodity-linked structured products 商品、商品掛鈎結構性產品		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10e. Derivatives (e.g. Options, Futures, Warrants, CBBC, Swaps), Hedge Funds, Leverage Products, OTC 衍生工具(例如:期權、期貨、牛熊證、窩輪、掉期)、對沖基金、槓桿產品、場外交易		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10f. Do you intend to invest in Insurance Products? 您是否有意認購保險產品?	<input type="checkbox"/> Yes (Please fill in Financial Need Analysis Form for Insurance) 是 (請填寫保險產品財務需要分析表) <input type="checkbox"/> No 否				
10g. Do you intend to invest in Derivatives? 您是否有意認購衍生工具?	<input type="checkbox"/> Yes (Please answer Questions 10h-10j) 是 (請回答問題10h至10j) <input type="checkbox"/> No (End of questionnaire) 否 (已完成問卷)				
10h. Have you made 5 or more investment transactions in the past 3 years in any derivative products? 您於過去3年內有否作出5次或以上涉及任何衍生工具的交易?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否				
10i. Have you attended any professional training courses related to derivatives? 您曾否接受過任何有關衍生工具的專業培訓或課程?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否				
10j. Do you have any work experience related to derivatives products? 您曾否從事與衍生工具有關的工作?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否				
10k. Have you been a licensed/registered person as defined in the Securities and Futures Ordinance, to carry out regulated activities relating to derivative products? 您曾有以證券及期貨條例所定之持牌/註冊人之身份, 進行有關衍生工具的活動?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否				

**IMPORTANT INFORMATION 責任聲明**

The results of this questionnaire are derived from the information that you have provided to the Company and on certain generally accepted assumptions and reasonable estimates. Calculations and values used in this questionnaire are used for illustration purpose only.  
本問卷的結果是從您向本行提供的資料, 並根據若干普遍接納的假設及合理估算而得出。本問卷採用的計算方法及取值僅供說明用途。

This questionnaire and the results only serve as a reference for your consideration, and are not an offer to sell or a solicitation for an offer to buy any financial products and services and they should not be considered as investment advice or recommendation.  
本問卷及所得結果僅供您參考, 並非購買或出售任何金融產品及服務的要約或招攬, 亦不應被視為投資意見或推薦。

Answers you give to the questions in this questionnaire help to provide some indication as to which Risk Profile you may fit in. It does not represent the suitability of any investment product for you.  
您於本問卷提供的答案有助顯示因應您的個人情況而指出您對風險的取態及您所屬的風險取向類別。

Please be reminded that any failure to fully disclose all or any of your personal circumstances (e.g. financial situation), inaccurate, incomplete or outdated information may affect our assessment of your attitude towards investment risks. If there is any change in circumstances which may affect your answer(s) to any question in this questionnaire, we strongly recommend that you should complete this questionnaire again.  
請注意, 倘若您未能全面披露所有或任何有關您的個人狀況(如財務狀況)、不正確、不完整或過時的資料, 可能影響本行就本問卷得出的評估結果。如您的狀況出現變動而可能影響本問卷中任何問題的答案, 我們極力建議您再次填寫本問卷。

Personal data collected in this questionnaire will be kept confidential by the Company. The data may be used by the Company, or third party insurer or any other companies within the Group under a duty of confidentiality to the Company, for designing and/ or marketing of financial products or insurance products and services. 本問卷所收集的個人資料保密, 本行、協力廠商保險公司或其他屬於集團的公司須按照本行的保密責任使用該等資料設計及/ 或推廣金融產品或保險產品及服務。

**RESULT & CONFIRMATION (Filled in by Representative) 結果及確認 (由持牌代表填寫)**
**Conservative - Risk tolerance level: Low**

- You generally follow an inflation-hedged strategy. You feel at ease in highly secure investments and are concerned about capital preservation. Moreover you are not willing to receive any risk and are reluctant to invest in volatile assets which may result in capital loss.
- 保守型 - 風險承受能力：低

穩定的投資令您感到安心，您最關心的是資產保本能力。另一方面，您不願意承受太大風險，不想投資的價值大幅變動，尤其資本方面的虧損。

**Balanced - Risk tolerance level: Medium**

- You are a stable investor and prefer a balanced investment strategy. You understand that high return means high risk. You pay attention to diversification and long-term investment strategy, and prefer to invest in a portfolio of capital gain with stable income instead of a large magnitude of price fluctuation.
- 穩定型 - 風險承受能力：中

您有中庸的投資策略，明白到高回報是要承受高風險。您重視分散投資及長線持有的投資策略，喜歡投資於一個既可增值兼有收益的組合，但卻不願意承受大幅度的價格變動。

**Aggressive - Risk tolerance level: High**

- You are an aggressive investor. In order to achieve higher capital growth, your investment attitude is "higher risk, higher return". You are willing to tolerate a higher level of risk so as to increase the growth potential of your asset. You are not easily affected by the short-term market volatility, and willing to accept the fluctuation of your investment portfolio for greater return.
- 進取型 - 風險承受能力：高

為了爭取較高的資本增值，您會抱著「風險越大，回報越高」的態度，願意承受較高風險，務求提高資產的增值潛力。您不容易受短期市場的升跌及回報盈虧影響，接受投資組合價值的波動，從而獲得較大回報潛力。

Client Signature 客戶簽署	Licensed Representative Signature 持牌代表簽署
Client Name 客戶姓名:	Licensed Representative Name 持牌代表姓名:
ID / Passport No. 身分證 / 護照號碼:	CE Number 中央編號:
Date 日期:	Date 日期:

For official use only 僅供職員填寫					
<input type="checkbox"/> Original <input type="checkbox"/> Face to face	Phone verified by	Phone number	Date		Time
Handled by	Verified by	Approved by	Input by	Checked by	Total Scores: _____ Risk Profile Classification <input type="checkbox"/> Conservative 保守 <input type="checkbox"/> Balanced 穩定 <input type="checkbox"/> Aggressive 進取