

Application for Electronic trading

电子交易申请书

To:

- Southwest Securities (HK) Brokerage Limited 西证(香港)证券经纪有限公司
 Southwest Securities (HK) Futures Limited 西证(香港)期货有限公司

Please post or submit this form to Customer Services Department at 40/F., Lee Garden One, 33 Hysan Avenue, Causeway Bay, Hong Kong. 请邮寄或递交此表格至 香港铜锣湾希慎道 33 号利园一期 40 楼 客户服务部。

I, the Customer, would like to apply for electronic trading services. I confirm to have read, understood and agreed with PART IV Section 8 and Schedule C – Additional Terms for Electronic Trading Services, and to abide by the terms and any amendments in future. I acknowledge that Southwest Securities (HK) Brokerage Limited/Southwest Securities (HK) Futures Limited would issue the trading password to my designated email address, and accept any liability related to this arrangement.

客户现向西证(香港)证券经纪有限公司/西证(香港期货有限公司)申请开立电子交易买卖帐户。于下方签署开户前，客户确认已细阅、明白及同意本协议第四部分第 8 项及附表 C - 电子交易服务之附加条款，并接受该等现时有效及不时修改的条款约束。客户同意西证(香港)证券经纪有限公司/西证(香港期货有限公司)以电邮方式将交易密码发放到客户指定之电邮户口并接受以电邮传递密码之所有相关风险。

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| Account Number 户口号码 : |  Client Signature(s) 客户签署或 Authorized Signature(s) & Company chop (if applicable) 授权签署/公司盖章(若适用) |
| Account name 客户姓名 : | |
| Authorized person (if applicable) 授权人(若适用) : | |
| Title (if applicable) 职衔(若适用) : | |
| Email Address 电邮地址 : | |
| Electronic Trading Services 电子交易类别 | Two-factor authentication 双重认证验证码收取方式 |
| Securities 证券 <input type="checkbox"/> 西证通 下载交易版+手机交易版 <input type="checkbox"/> 股票通 网上交易版+手机交易版 | <input type="checkbox"/> SMS <input type="checkbox"/> Email *Designated mobile phone or email for 2FA 指定收取双重验证码之手提电话或电邮信箱 : |
| Stock Options 股票期权 <input type="checkbox"/> 期权通 下载交易版 | _____ |
| Futures 期货 <input type="checkbox"/> 期货通 下载交易版+手机交易版 | Date 申请日期 : |

AE NAME 经纪名称 : _____ AE CODE 经纪代号 : _____

EFFECTIVE DATE 生效日期 : _____

OFFICIAL USE ONLY

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|------------------------------------|--|--------------------------------------|---|
| Checked by : AE/Staff Signature | Signature Verified and reviewed by : Customer services Department | Approved by : Responsible Officer | Data Input by : Customer services Department |
| | | | |
| Date : | Date : | Date : | Date : |