

昌利證券有限公司 Cheong Lee Securities Limited

防止洗黑錢及防止恐怖分子籌資活動問卷

ANTI-MONEY LAUNDERING AND ANTI-TERRORIST
FINANCING QUESTIONNAIRE

客戶名稱

客戶帳戶號碼

Client Name : _____

Client Account Number: _____

本地客戶 (如客戶公司屬香港登記)

For Local Client (i.e. Company registered in Hong Kong)

請在適當的欄上加勾號 *Please tick the appropriate column*

		是 Yes	否 No
1	閣下是否與政界人士有聯繫？(政界人士：指目前或以往曾經擔任重要公職的人士，如國家或政府的首長，資深政客，政府高級官員和重要政黨官員等) Are you linked to politically exposed persons? (Politically exposed person – individual who is or has been entrusted with prominent public function e.g. head of state/government, senior politician, senior executive of government-owned corporation, important political party official, etc)		
2	閣下的業務性質是否特別容易蒙受較高的洗黑錢風險？(舉例：如會接觸大量現金往來，找換業或博彩業) Is the nature of your business particularly susceptible to money laundering risk? (For example, money changer or casino business that handles large amount of cash)		
3	閣下的金錢來源是否源於或涉及非法所得？ Does your money might be arising from or related to proceeds of crime?		

客戶簽名

日期

Client Signature : _____

Date : _____

風險評估 Risk Assessment : 高 HIGH / 中性 NEUTRAL

填寫 Completed By : _____ 日期 Date : _____

批核 Approved By : _____ 日期 Date : _____

Responsible Officer 負責人員

(如風險評估屬“高”，須完成進階盡職審查才可予以批核開戶)

(If Risk Assessment is “HIGH”, sign off after performance of enhanced due diligence procedures)

防止洗黑錢及防止恐怖分子籌資活動問卷
**ANTI-MONEY LAUNDERING AND ANTI-TERRORIST
 FINANCING QUESTIONNAIRE**

客戶名稱

客戶帳戶號碼

Client Name : _____

Client Account Number: _____

海外客戶 (如客戶公司屬海外登記) For Overseas Client (i.e. Company outside Hong Kong)

請在適當的欄上加勾號 *Please tick the appropriate column*

		是 Yes	否 No
1	閣下居住的國家是否財務行動特別組織的成員？ (財務行動特別組織成員包括：阿根廷、澳大利亞、奧地利、比利時、巴西、加拿大、中國、丹麥、芬蘭、法國、德國、希臘、香港、冰島、愛爾蘭、意大利、日本、盧森堡、墨西哥、荷蘭、紐西蘭、挪威、葡萄牙、俄羅斯聯邦、新加坡、南非、西班牙、瑞典、瑞士、土耳其、英國、美國、歐洲委員會及海灣合作理事會) Is the country that you located is a member of the Financial Action Task Force ("FATF")? (Members of FATF include: Argentina, Australia, Austria, Belgium, Brazil, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong, China, Iceland, Ireland, Italy, Japan, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Portugal, Russian, Federation, Singapore, South Africa, Spain, Sweden, Switzerland, Turkey, United Kingdom, USA, European Commission, and the Gulf Cooperation Council)		
2	閣下居住的國家是否已有現行的法律或條例立以制止洗黑錢的活動？ Are you located in a country with established laws/ regulations designed to prevent money laundering?		
3	如閣下在(2)題的答案選擇"是"，你是否受到現行的法律或條例所管制？ If the answer to (b) is YES, are you subject to such laws/regulations?		
4	閣下是否就反洗黑錢條例或反恐怖分子籌資活動條例維持著"無罪紀錄"？如否，請另外提交一份詳細的資料。 Have you maintained a "no conviction record" for anti-money laundering or anti-terrorist financing legislation? If no, please provide details on a separate sheet.		

客戶簽名

日期

Client Signature: _____

Date: _____

風險評估 Risk Assessment : 高 HIGH / 中性 NEUTRAL

填寫 Completed By : _____ 日期 Date : _____

批核 Approved By : _____ 日期 Date : _____

Responsible Officer 負責人員

(如風險評估屬"高"，須完成進階盡職審查才可予以批核開戶)

(If Risk Assessment is "HIGH", sign off after performance of enhanced due diligence procedures)