

| Account No: | Account No: |  |
|-------------|-------------|--|
|-------------|-------------|--|

Grand Investment (Bullion) Limited (Member No.: 115)

Office: Unit A3, 32/F, United Centre, 95 Queensway, Admiralty, HK

Called "Grand"

Website: <a href="https://www.grandfg.com">www.grandfg.com</a>

Tel: (852) 3550 6888 Fax: (852) 3550 6999

|  |                 |  |                   | 1ei: (852) 5550 6888  | Fax: (852) 5550 6999                     |
|--|-----------------|--|-------------------|---|--|
| SECTION 1: ACCOUNT   | ENT             | ITY  |                   |   |  |
| Grand Investment (Bullion)                                       | Limited         | Bullion Account  | □ Ele             | ectronic Trading Services   |  |
|  |                 | The Client Agreement Section nd by the Terms of Bullion Trac             |                   | able to ALL types of Accounts. s specific in The Client Agreemen  | t Section 5 and/or                       |
|  |                 |  |                   |   |  |
| SECTION 2: ENTITY/CO   | RPO             | RATE INFORMATION   |                   |   |  |
| Name of Entity/Corporation                                       | 1:              |  |                   |   |  |
| 公司/機構名稱 (中文):  |                 |  |                   |   |  |
| Account Name:  |                 |  |                   |   |  |
| Business Nature:   |                 |  |                   |   |  |
| Nature of Entity/Corporate:                                      |                 | Listed Company   |                   | Limited Company   |  |
| (one only)   |                 | Trust  |                   | Offshore Company  |  |
|  |                 | Sole Proprietorship  |                   | Partnership   |  |
|  |                 | Others (Please specify):   |                   |   |  |
| Registered Address:  |                 | _  |                   |   |  |
|  | * if enti       | ty/corporate is registered, establish                                    | ed or composed in | U.S., please fill in W9(Corporate) for  | n instead                                |
| Business Address:  |                 |  |                   |   |  |
| Mailing Address:   |                 |  |                   |   |  |
|  |                 | e provide correspondence address p<br>respondence address. P.O. Boxes ar |                   | est three months. All statements and le   | tters will ONLY be sent to               |
| Place/Country of Incorporat                                      | ion:            |  | Certificate       | e of Incorporation No.:   |  |
| Date of Incorporation:   | _               |  | Business I        | Registration No.:   |  |
| Office Tel. No.:   | _               |  | Fax No.:          |   |  |
| E-mail Address:  | _               |  |                   |   |  |
| Corporate Contact Person:  | _               | (Posit   | tion)             | (Direct Line)   |  |
| Client, by signing his/her/their process agent to receive and ac | names<br>knowle | in the signing section of this Ac<br>dge on his/her/their behalf servi   | count Opening A   | or does not have a place of busine<br>Agreement, irrevocably appoints G<br>summons, order, judgment or othe<br>na ("Hong Kong") arising out of or | rand as the Client's er notices of legal |

Account, this Account Opening Form, the Terms and Conditions and/or any ancillary documents thereto.



|                       | P                       | ACCOUNT OPENING AG                      | <b>REEMENT</b> Acco                  | unt No:                  |
|-----------------------|-------------------------|---|--------------------------------------|--------------------------|
| ECTION 3: PARTICU     | ULARS OF ALL D          | IRECTOR(S) (IF APPL)                    | ICABLE)                              |                          |
| English Name          | 中文姓名                    | Residential Address                     | ID No./Passport No                   | Place of Issue           |
|                       |                         |   |                                      |                          |
|                       |                         |   |                                      |                          |
|                       |                         |   |                                      |                          |
|                       |                         |   |                                      |                          |
|                       |                         |   | _                                    |                          |
| Please write in pap   | per if insufficient bla | nk, or provide a copy of comp           | olete list of directors.             |                          |
| Each director shall   | provide effective ac    | ddress proof within the latest 3        | 3 months and certified true copy     | of Identification Card   |
| or passport.          |                         |   |                                      |                          |
| If director(s) is/are | either U.S. Citizen,    | green card holder or U.S. resi          | ident, please complete W9 Form       |                          |
|                       |                         |   |                                      |                          |
| ECTION IV: PARTIC     | TULARS OF SOLE          | PROPRIETOR/ALL PAR                      | TNER(S)/ ALL ULTIMATE SI             | HAREHOLDER(S)            |
|                       | APPLICABLE)             |   |                                      | (2)                      |
| English Name          | 中文姓名                    | Residential Address                     | ID No./Passport No. Plac             | ce of Issue Owned (%     |
| C                     |                         |   | 1                                    | `                        |
|                       |                         |   |                                      |                          |
|                       | <del></del> -           |   |                                      |                          |
|                       |                         |   |                                      |                          |
|                       |                         |   |                                      |                          |
| Please write in pan   | er if insufficient bla  | nk or provide a copy of com             | olete list of partners or ultimate s | hareholders              |
|                       |                         |   | fective address proof within the     |                          |
| copy of Identical C   | -                       | o similario di similari provinci el     | Proof which the                      |                          |
|                       |                         | e shareholder(s) is/are U.S. Ci         | tizen, green card holder or U.S.     | resident, please fill in |
| W9 form instead       |                         | (,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | , , ,                                | , <u>r</u>               |
|                       |                         |   |                                      |                          |
| ECTION V: PARTIC      | ULARS OF AUTH           | ORIZED PERSON(S)                        | (IF APPLICABLE)                      |                          |
| English Name          | 中文姓名                    | Title/Position                          | HKID/Passport No                     | Place of Issue           |
| English I tame        |                         | Title/T obliton                         | TITLE / Tussport Tvs                 | 1 1400 01 15540          |
|                       |                         |   |                                      |                          |
|                       |                         |   |                                      |                          |
|                       | <del></del>             |   |                                      |                          |
| -                     |                         |   |                                      |                          |
| -                     | nentary sheet if insu   |   |                                      |                          |

Please submit the resolution of your Corporate. If needed, the Client can fill in Supplementary II.

Each authorized person has to provide correspondence address proof within the latest three months and the copy of HKID or passport.



Account No: \_\_\_\_

|   |   |   | (if different from above)       |                       |   |  |
|---|---|---|---------------------------------|-----------------------|---|--|
| ☐ By mail   |   |   | (if different from above)       |                       |   |  |
| ** Client opted to receive their  | eir monthly statement if account                                | by mail will be charged a n   | nonthly administration fee of I | HK\$20 per account if | the net asset balance of                          |  |
| each of their accounts is less t  | than HK\$100 on the last trading                                | g day of the calendar month   | ı.                              |                       |   |  |
|   |   |   |                                 |                       |   |  |
| SECTION VII: BANK   | INFORMATION   |   |                                 |                       |   |  |
| Name of Bank  | Bank Accor  | unt Holder  | Bank Account Number             | Currenc               | у   |  |
| 1)  |   |   |                                 |                       | Default   |  |
| 2)  |   |   |                                 |                       |   |  |
| 3)  |   |   |                                 |                       |   |  |
| Note:  ** Trade balance and/or di   | ividend distribution and / or                                   | interest navments are au  | tomatically transferred to      | client(s)'s account.  | If necessary special                              |  |
| arrangement, please notify  | Grand.  |   |                                 |                       |   |  |
| ** If client(s) is/are require  | red to withdraw money to no<br>the third party deposit and w    |   | int or change the bank acco     | ount information, p   | lease inform Grand.                               |  |
| ** Grand does not accept t  | he third party deposit and w                                    | /itnarawai.   |                                 |                       |   |  |
| CECTION VIII. FINA  | NCE INFORMATION   |   |                                 |                       |   |  |
| Paid Up Capital   |   | Liqu  | .: 1 Acceto.                    |                       |   |  |
|   |   |   | aid Assets:                     | -                     |   |  |
|   |   | Late  | st Annual Profit:               |                       |   |  |
| Net Asset Value:  |   |   |                                 |                       |   |  |
| Net Asset Value: Please supplement if nee   | eded:   |   |                                 |                       |   |  |
|   | eded:   |   |                                 |                       |   |  |
|   | eded:   |   |                                 |                       |   |  |
| Please supplement if nee  | TMENT OBJECTIVES  |   |                                 |                       |   |  |
| Please supplement if nee  |   | S   | □Long Term                      |                       |   |  |
| Please supplement if nee  | TMENT OBJECTIVES  |   | □Long Term                      |                       |   |  |
| Please supplement if nee  | TMENT OBJECTIVES  |   | □Long Term □ Dividend Return    | □ Hedging             | □ Speculation                                     |  |
| Please supplement if nee  SECTION IX: INVES' Investment Period:   | TMENT OBJECTIVES    Short Term                                  | ☐ Medium Term   |                                 | Hedging               | ☐ Speculation                                     |  |
| Please supplement if nee  SECTION IX: INVES' Investment Period:   | TMENT OBJECTIVES    Short Term                                  | ☐ Medium Term   | ☐ Dividend Return [             | ☐ Hedging             | <ul><li>□ Speculation</li><li>□ Bullion</li></ul> |  |
| Please supplement if nee  SECTION IX: INVEST  Investment Period:  Investment Objectives:                        | TMENT OBJECTIVES  | <ul><li>☐ Medium Term</li><li>☐ Capital Growth</li></ul>  | ☐ Dividend Return [             |                       | -   |  |
| Please supplement if nee  SECTION IX: INVEST  Investment Period:  Investment Objectives:  Investment Experience | TMENT OBJECTIVES  Short Term  Guaranteed  Stocks                | <ul><li>☐ Medium Term</li><li>☐ Capital Growth</li><li>☐ Options/Futures</li></ul>                      | ☐ Dividend Return ☐ ☐ Bonds ☐   | Forex                 | ☐ Bullion   |  |
| Please supplement if nee  SECTION IX: INVEST  Investment Period:  Investment Objectives:  Investment Experience | TMENT OBJECTIVES  ☐ Short Term  ☐ Guaranteed  ☐ Stocks  Year(s) | <ul> <li>☐ Medium Term</li> <li>☐ Capital Growth</li> <li>☐ Options/Futures</li> <li>Year(s)</li> </ul> | ☐ Dividend Return ☐ ☐ Bonds ☐   | Forex                 | ☐ Bullion   |  |

Please fill in all information and insert N/A if inapplicable.

Risk Tolerance:

Any deletion or amendment must be initialed by Client or authorized signatories.

☐ High

Such information is requested in accordance with Code of Conduct for Persons Registered with the Securities and Futures Commission.

☐ Medium

☐ Low



ACCOUNT OPENING AGREEMENT Account No: SECTION X: INVESTOR CHARACTERIZATION QUESTIONNAIRE 1. Has any director, shareholder and ultimate beneficial owner and/or authorized person of the ☐ Yes □ No Client undergone training or attended courses on structured or derivative products? 2. Do any director, shareholder and ultimate beneficial owner and/or authorized person of the ☐ Yes □ No Client current or previous work experience related to structured or derivative products? Have any director, shareholder and ultimate beneficial owner and/or authorized person of the Client executed five (5) or more transactions within the past three (3) years in any of the ☐ Yes □ No structured or derivative products? **Declarations and Signature** I/We hereby acknowledge that the information provided in the above questionnaire is true and correct. I/We acknowledge that Grand has provided and explained to me/us the "Risks in relation to transaction in structured and derivative products" ("Document"). I/We acknowledge the Document may not cover all risks, and understand that I/we should gather and study information including sale and purchase of the relevant structured and derivative product before trading. I/We acknowledge that should I/we have difficulties in understanding the Document or the nature and risks of trading structured and derivative products, I/we should seek independent professional advice. I/We understand that Grand is acting upon the Code of Regulatory Authority in this respect. Should I/we fail to sign and return the declaration, Grand may not be able to execute order(s) placed on structured and derivative products traded on exchange. Prior to conducting transactions in my account, Grand's licensed representative has clearly explained to me/us the nature and all the relevant risks associated with structured and derivative products traded on and off of an exchange and has provided me/us with advice regarding the suitability of these products. I/We further confirm that I/we have the financial capacity to assume any risks and potential losses arising from the trading of such products. I/We further acknowledge I/we have read and been explained the Document. I/We understand the risks thereof. Agreed, signature of Client:

Name of Director(s), Shareholder(s) or/ and Authorized Person:

Client Name:

Date:



Account No:

| SECT    | TION XI: DIS      | CLOSURE OF IDENTITY  |
|---------|-------------------|--|
| 1. Is t | he client the ul  | timate beneficial owners of this account?  |
| `       | Yes               |  |
|         | No, please spec   | rify who is/are the ultimate beneficial owner(s) of this account   |
| Name    | »:<br>            | ID/Passport No.:   |
| Addre   | ess:              | Nationality:   |
| Date of | of Birth:         | Occupation:  |
| >       | Please use sup    | plementary sheet if insufficient space   |
| 2. Is t | he Client licens  | sed/registered with the Securities and Futures Commission?   |
|         | No                |  |
|         | Yes, please atta  | ich the consent letter of the intermediary:  |
| 3. Is a | any director, sha | areholder, ultimate beneficial owner and/or authorized person of the Client an employee, representative or |
| consu   | ltant of a comp   | any licensed/registered with the Securities and Futures Commission?  |
|         | No                |  |
|         | Yes, please spe   | cify below:  |
| 1       | Name of the Lic   | censed Corporation/Registered Institution:   |
|         |                   |  |
|         |                   |  |
| SECT    | TION XII: RE      | LATED ACCOUNT  |
| 1. Is a | any of the Clien  | at's group companies a client of Grand?  |
|         | Not Applicable    |  |
|         | No                |  |
|         | Yes, please fill  | in the following:  |
| 1)      | Account nan       | ne:  |
|         | Type:             | Account No:  |
| 2)      | Account nan       | ne:  |
|         | Type:             | Account No:  |
| >       | Please use sup    | plementary sheet if insufficient space   |
| 2. Has  | s the director, s | hareholder, ultimate beneficial owner and/or authorized person of the Client maintained any                |
| other   | account(s) and    | /or related account(s) with Grand  |
| Relate  | ed account mea    | ins an account:  |
|         |                   | 1.of whom the client controls 35% or more of the voting rights;  |
|         |                   | 2. together with the client under the control of the same group.   |
|         | No                |  |
|         | Yes, please fill  | in the details:  |
| 3. Do   | es the director,  | shareholder, ultimate beneficial owner and/or authorized person of the Client or any of its                |
| direct  | or or authorized  | d person have any relationship with any employee of Grand?   |
|         | No                |  |
|         | Yes, please fill  | in the details:  |
| Relate  | ed director, sha  | reholder, ultimate beneficial owner  |
| and/o   | r authorized pe   | rson's name:   |
| Name    | of related emp    | ployee of Grand: Relationship:   |
|         |                   | <u> </u>   |



Account No: \_\_\_\_\_

### SECTION XIII: INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM

**Important Notes** 

- This is a self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- An account holder should report all changes in his/her tax residency status to the reporting financial institution.
- All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (\*) are required to be reported by the reporting financial institution to the Inland Revenue Department.

| Part 1: Entity Type                          |   |   |                              |  |  |  |
|--|---|---|------------------------------|--|--|--|
| Tick one of the appro                        | priate boxes and provide the relev  | ant information.  |                              |  |  |  |
| Financial Institution                        | ☐ Custodial Institution, Depository Institution or Specified Insurance Company                          |   |                              |  |  |  |
|  | ☐ NFE the stock of which is   | which is an established   |                              |  |  |  |
|  | securities market   |   |                              |  |  |  |
| Active NFE                                   | ☐ Related entity of   | the stock of which is regularly traded on   | which is an                  |  |  |  |
|  | established securities marke  | et  |                              |  |  |  |
|  | ☐ NFE is a governmental enti  | ty, an international organization, a central ban  | k, or an entity wholly owne  |  |  |  |
|  | by one or more of the foreg   | oing entities   |                              |  |  |  |
|  | ☐ Active NFE other than the above (Please specify:  |   |                              |  |  |  |
| Passive NFE                                  | ☐ Investment entity that is managed by another financial institution and located in a non-participating |   |                              |  |  |  |
|  | jurisdiction  |   |                              |  |  |  |
|  | ☐ NFE that is not an active NFE   |   |                              |  |  |  |
| Indicate the name of an entity which is a le | all controlling person(s) of the acc  | rt if the entity account holder is a passive N ount holder in the table below. If no natural pe will be the individual holding the position of for each controlling person. | erson exercises control over |  |  |  |
| 1.   | controlling 1 orgon   | 5.  |                              |  |  |  |
|  |   |   |                              |  |  |  |
| 3.   |   | 6.  |                              |  |  |  |
|  |   | 7.  |                              |  |  |  |
| 4.   |   | 8.  |                              |  |  |  |
| Please use supp                              | olementary sheet if insufficient spa  | ce  |                              |  |  |  |

### Part 3. Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")

Please complete the following table indicating:

- (a) the jurisdiction of residence (including Hong Kong) where the account holder is a resident for tax purposes; and
- (b) the account holder's TIN for each jurisdiction indicated

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Business Registration Number.

If a TIN is unavailable, provide the appropriate reason A, B or C:

**Reason A** – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.



|      | 大唐金融集團<br>Grand Finance Group    | ACCOUNT                   | OPENING AGREEMENT                               | Account No:  |
|------|----------------------------------|---------------------------|---|--|
| Rea  | son B – The account holder is    | s unable to obtain a TII  | N. Explain why the account holder is unab       |  |
| sele | ected this reason.               |                           |   |  |
| Rea  | son C – TIN is not required.     | Select this reason only   | if the authorities of the jurisdiction of resi  | idence do not require the TIN to   |
| be d | lisclosed                        |                           |   |  |
| Juri | sdiction of tax residence        | TIN                       | Enter Reason A, B or C if                       | Explain why the account holder is unable to obtain a TIN if you have selected Reason B |
| 1    |                                  |                           |   |  |
| 2    |                                  |                           |   |  |
| 3    |                                  |                           |   |  |
| 4    |                                  |                           |   |  |
| 5    |                                  |                           |   |  |
| Dec  | clarations and Signature         |                           |   |  |
| >    | _                                | at (a) the information c  | contained in this form is collected and may     | y be kept by Grand for the   |
|      | purpose of automatic excha       | inge of financial accour  | nt information, and (b) such information a      | and information regarding the  |
|      | account holder and any repo      | ortable account(s) may    | be reported by Grand to the Inland Reven        | nue Department of the  |
|      | Government of the Hong K         | ong Special Administra    | rative Region and exchanged with the tax a      | authorities of another jurisdiction  |
|      | or jurisdictions in which the    | e account holder may b    | be resident for tax purposes, pursuant to the   | e legal provisions for exchange  |
|      | of financial account information | ation provided under th   | he Inland Revenue Ordinance.(Cap.112)           |  |
|      | I certify that I am the accou    | int holder / I am author  | rized to sign for the account holder of all the | he account(s) currently held with  |
|      | Grand by the individual ide      | ntified in Part 2 of this | form.   |  |
|      |                                  |                           | umstances which affects the tax residency       |  |
|      |                                  |                           | rmation contained herein to become incorr       | ect, and to provide Grand with a   |
|      | • •                              |                           | days of such change in circumstances.           |  |
| >    |                                  | on given and statements   | s made in this form are, to the best of my      | knowledge and belief true,   |
|      | correct and complete.            |                           |   |  |
| Agr  | reed, signature of Client:       |                           |   |  |
|      |                                  |                           |   |  |
|      |                                  |                           |   |  |
| Nan  | ne of Client:                    |                           |   |  |
|      |                                  |                           |   |  |
|      | <u> </u>                         |                           |   |  |
| ∟ar  | pacity:                          |                           |   |  |

(Indicate the capacity in which you are signing the form e.g. director or officer of a company, partner of a partnership, trustee of a trust, Authorized Officer, etc)

Date (dd/mm/yyyy):

WARNING: It is an offence under Section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. Heavy penalty shall apply upon conviction.



Account No:

# SECTION XIV: CONTROLLING PERSON TAX RESIDENCY SELF-CERTIFICATION FORM (EACH CONTROLLING PERSON MUST SUBMIT A SEPARATE FORM)

Important Notes

This is a self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.

An account holder should report all changes in his/her tax residency status to the reporting financial institution.

| All parts of the form must be compl          | eted (unless not a   | pplicable or otherwise specified).   | If space provided is insufficient, continue |
|--|----------------------|--------------------------------------|---|
| on additional sheet(s). Information          | in fields/parts mar  | ked with an asterisk (*) are requi   | red to be reported by the Company to the    |
| Inland Revenue Department.                   |                      |                                      |   |
| Part 1: Identification of Contr              | olling Person        |                                      |   |
| Name of Controlling Person:                  | Title:               | Mr. Mrs. Miss                        | ☐ Ms. ☐ Other                               |
|  | English Name:        |                                      |   |
|  | 中文姓名                 |                                      |   |
| HKID/Passport:                               |                      |                                      |   |
| Other ID/Passport:                           |                      | Place of Issue:                      | Nationality:                                |
| Current Residence Address:                   |                      |                                      | (Flat/ Floor/ Building/ Street/ District)   |
|  | City                 | Country                              | Postal Code/ ZIP Code                       |
| Mailing Address:                             |                      |                                      |   |
| (complete if different to the above address) |                      |                                      |   |
| Date and Place of Birth:                     | Date of Birth:       | Place                                | of Birth:                                   |
| Please enter the name of the entity a        | account noider of    |                                      |   |
| Entity                                       |                      | Name of the Entity Account           | Holder                                      |
| 1  |                      |                                      |   |
| 2  |                      |                                      |   |
| 3  |                      |                                      |   |
|  |                      |                                      |   |
| Part 3: Jurisdiction of Residence            | and Taxpayer Id      | entification Number or its Func      | ctional Equivalent ("TIN")                  |
| Please complete the following table          | indicating:          |                                      |   |
| (a) the jurisdiction of residence            | (including Hong I    | Kong) where the controlling perso    | on is a resident for tax purposes; and      |
| (b) the controlling person's TIN for         | or each jurisdiction | n indicated                          |   |
| If the account holder is a tax resider       | nt of Hong Kong,     | the TIN is the Hong Kong Identit     | y Card Number.                              |
| If a TIN is unavailable, provide the         | appropriate reaso    | n A,B or C:                          |   |
| <b>Reason A</b> - The Jurisdiction where     | the account holde    | r is a resident for tax purposes do  | es not issue TINs to its residents.         |
| <b>Reason B</b> -The account holder is un    | nable to obtain a T  | IN. Explain why the account hole     | der is unable to obtain a TIN if you have   |
| selected this reason.                        |                      |                                      |   |
| Reason C -TIN is not required. Sel-          | ect this reason on   | y if the authorities of the jurisdic | tion of residence do not require the TIN to |
| be disclosed.                                |                      |                                      |   |
|  |                      | l l                                  | Explain why the account holder is unable    |

Enter Reason A,B or C if

no TIN is available

Jurisdiction of Residence

TIN

to obtain a TIN if you have selected

Reason B

| AND THE RESERVE TO THE PARTY OF |  | 融<br>ince |  |
|--|--|-----------|--|
|  |  |           |  |

| T. K.   | Grand Finance Gro | лb                          | ACCOUNT                           | OPENING AGREEMENT  | Ac                 | count No:     | <u>-</u>                                |  |  |
|---|-------------------|-----------------------------|-----------------------------------|--|--------------------|---------------|---|--|--|
| 2   |                   |                             |                                   |  |                    |               |   |  |  |
| 3   |                   |                             |                                   |  |                    |               |   |  |  |
| 4   |                   |                             |                                   |  |                    |               |   |  |  |
| 5   |                   |                             |                                   |  |                    |               |   |  |  |
| Part  | 4: Type of Con    | trolling                    | Person                            |  |                    |               |   |  |  |
| Tick  | the appropriate   | box to in                   | dicate the type of controlli      | ng person for each entity stated                                   | in Part 2.         |               |   |  |  |
| Type  | of Entity         | Type of                     | Controlling Person                |  | Entity (1)         | Entity (2)    | Entity (3)                              |  |  |
|   |                   |                             | =                                 | wnership interest (i.e. not less th                                | nan 🗆              |               |   |  |  |
|   |                   |                             | issued share capital)             |  |                    |               |   |  |  |
| Lega  | l Person          |                             |                                   | s entitled to exercise control                                     |                    |               |   |  |  |
| J   |                   |                             | other means (i.e. not less t      |  |                    | _             | _                                       |  |  |
|   |                   |                             | _                                 | of senior managing official/                                       |                    |               |   |  |  |
|   |                   | s ultimate control over the | management of the entity          |  |                    |               |   |  |  |
|   | Settlor           |                             |                                   |  |                    |               |   |  |  |
|   |                   | Trustee                     |                                   |  |                    |               |   |  |  |
| Trust   |                   | Protecto                    | r                                 |  |                    |               |   |  |  |
|   |                   | Benefici                    | iary or member of the class       |  |                    |               |   |  |  |
| Other (e.g. individual who exercithe settlor/ trustee/ protector/ ben |                   | .g. individual who exercise | es control over another entity be |  |                    |               |   |  |  |
|   |                   | ficiary)                    |                                   |  |                    |               |   |  |  |
|   |                   | Individu                    | al in a position equivalent       | similar to settlor   |                    |               |   |  |  |
| Legal Arrangement Individua   |                   | al in a position equivalent | similar to trustee                |  |                    |               |   |  |  |
| _   | than Trust        | Individu                    | al in a position equivalent       | similar to protector   |                    |               |   |  |  |
| other   | than Trust        | Other (e                    | e.g. individual who exercise      |  | _                  | _             |   |  |  |
|   |                   | equivale                    | ent/similar to settlor/ truste    | e/ protector/ beneficiary)   |                    |               |   |  |  |
|   |                   |                             |                                   |  |                    |               |   |  |  |
| Part  | 5: Declaration    | s and Sig                   | gnature                           |  |                    |               |   |  |  |
| >   | I acknowledge     | and agre                    | ee that (a) the information       | contained in this form is colle                                    | ected and may b    | e kept by Gi  | rand for the                            |  |  |
|   |                   |                             | •                                 | ant information, and (b) such in                                   |                    |               |   |  |  |
|   |                   |                             |                                   | nay be reported by Grand to  |                    | _             |   |  |  |
|   |                   |                             |                                   | nistrative Region and exchang                                      |                    |               |   |  |  |
|   |                   |                             |                                   | holder may be resident for tax p                                   |                    | Ū             | l provisions                            |  |  |
| _   | ŭ                 |                             | •                                 | vided under the Inland Revenue                                     | ` •                | ,             | 1 -1 -1 -1                              |  |  |
| >   | •                 |                             | er(s) to which this form rela     | authorized to sign for the contro                                  | iling person of a  | ii the accour | it(s) neid by                           |  |  |
| >   | •                 |                             |                                   | circumstances which affects th                                     | a tay racidancy    | status of the | a individual                            |  |  |
|   |                   |                             | ·                                 | rmation contained herein to become                                 | •                  |               |   |  |  |
|   |                   |                             |                                   | O days of such change in circum                                    |                    | id to provide | Grand with                              |  |  |
| $\triangleright$  |                   |                             |                                   | nents made in this form are, t                                     |                    | knowledge     | and belief.                             |  |  |
|   | true, correct a   |                             | _                                 |  | ,                  |               | , |  |  |
|   | ,                 | <b>-</b> P                  | <b>.</b>                          | Indicate the capacity if you are                                   | e not the individu | al identified | in Part 1                               |  |  |
| Signa   | ature:            |                             |                                   | and ensure the Individual know                                     |                    |               |   |  |  |
|   |                   |                             |                                   | under a power of attorney, attach a certified copy of the power of |                    |               |   |  |  |
|   |                   |                             |                                   | attorney   | •                  | -             |   |  |  |
|   |                   |                             |                                   | **Please delete as appropriate                                     |                    |               |   |  |  |

| <b>A</b> X | 大   | 唐   | 金    | 融   | 集   | 專   |
|------------|-----|-----|------|-----|-----|-----|
| West of    | Gra | and | Fina | nce | Gro | guc |

### SECTION XV: CLIENT DECLARATION, ACKNOWLEDGEMENT AND AGREEMENT

#### Part A . Personal Information Collection Statement:

- 1. The Client understands that the Client may have or may in future be requested to supply personal information from time to time to Grand relating to the Client and in the carrying out of transaction contemplated under this Agreement, further information shall or may be collected by Grand (all such information is referred to as 'data' in this section).
- 2. The Client understands that any failure to fulfill the request for data on the "Client Information Sheet" may result in Grand being unable to open the account, or unable to effect transactions under the account.
- 3. The Client understands that Grand may provide data received from the Client to the following persons:
  - a) its subsidiaries;
  - b) any nominees in whose name the securities or other assets may be registered;
- c) any contractor, agent or service provider which provides administrative, data processing, financial, computer, telecommunications, payment or security clearing, professional or other services to any member of Grand or to any other person to whom data is passed;
- d) any person with whom Grand enter into or propose to enter into transaction on the Client's behalf or account, or persons representing the same;
  - e) any assignee, transferee, participant, sub-participant, delegate, successor or person to whom this Agreement is novated; and
- f) governmental, regulatory or other bodies or institutions, whether as required by law, regulations applicable to any members of Grand or otherwise.
- 4. The Client understands that the purposes for which the data provided by the Client from time to time may be used for:
  - a) giving effect to the Client's orders relating to transactions or otherwise, and carrying out the Client's other instructions;
- b) providing services in connection with the account, whether the services are provided by or through any members of Grand or any other person;
- c) conducting credit enquiries or checks on the Client and ascertaining the Client's financial situation and investment objectives, and enabling or assisting any other person to do so;
  - d) collection of amounts due, enforcement of security, charge or other rights and interests in favour of any members of Grand
  - e) marketing existing and future services or products of any members of Grand;
  - f) forming part of the records of the persons or any members of Grand to whom the data may be passed;
- g) observing any legal, regulatory or other requirements to which any member of Grand or any other persons may be subject; and
  - h) other purposes related or incidental to any one or more of the above.
- 5. The Client understands that the Client may request a copy of such data or any correction of the data. Any such request may be addressed to Compliance Department of Grand Finance Group at Unit A3, 32/F, United Centre, 95 Queensway, Admiralty, Hong Kong. The Client understands that such request will be charged at a fee by Grand.
- 6. The Client understands that any member of Grand may use the data and supply the Client with information about other services or products of any member of Grand. The Client also understands, if the Client requests in written notice, without charging the Client, any member of Grand is required to cease to use the data for such purpose.
- 7. Grand intends to use the Client's data in direct marketing and Grand requires the Client's consent (which includes an indication of no objection) for that purpose. In this respect, please therefore note the following:
- a. the name, contact details, products and services portfolio information, transaction pattern and behavior, financial



| 大唐金融集團 Grand Finance Group ACCOU   | INT OPENING A  | GREEMENT Account No:  |  |  |  |  |
|--|--|---|--|--|--|--|
| background, statistics and demographic data he   |  |   |  |  |  |  |
| b. the following classes of services, products and   | subjects may be ma   | rketed, including but not limited to:                         |  |  |  |  |
| (i) securities, commodities, derivatives, research   | ch reports, investme   | nt and related services, products and facilities;             |  |  |  |  |
|  | -  | on to the class of marketing subject referred to in clause    |  |  |  |  |
| 7b(i) above; and   |  |   |  |  |  |  |
|  | the above services, products and marketing subjects may be provided or solicited by Grand and/or any members of        |   |  |  |  |  |
| c.   | Grand's group companies and/or its subsidiary/related companies and their respective agents/employees:                 |   |  |  |  |  |
| the Client may request Grand any time to cease   | the Client may request Grand any time to cease using his/her personal data for direct marketing purposes by writing to |   |  |  |  |  |
| d.   | Grand at its registered office address as indicated in paragraph 5 above;  |   |  |  |  |  |
| > I/We agree Grand's use of my personal data in  |  |   |  |  |  |  |
| ➤ I / We agree to transfer my personal information   |  | • • •   |  |  |  |  |
|  |  | f my personal data by Grand or transfer by Grand to           |  |  |  |  |
| third party in direct marketing.   |  |   |  |  |  |  |
| Agreed signature of Client::   |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| Name of Director, Shareholder, Ultimate Beneficial   | Owner and/or Auth  | orized Person :   |  |  |  |  |
| Name of Corporate:   |  |   |  |  |  |  |
| Date:  |  |   |  |  |  |  |
| Part B · Electronic Trading Service ("ETS") Teri   | ms and Conditions  |   |  |  |  |  |
| The following free quote services, news and other a  | nalytical tools would  | be provided to the Client applied for ETS by Grand:           |  |  |  |  |
| Туре   |  |   |  |  |  |  |
|  | Free Quote Service/  | News and Other Analytical Tool                                |  |  |  |  |
|  |  | by the Exchanges and / or Quotation system suppliers; Grand   |  |  |  |  |
|  |  | or Quotation system suppliers. If client(s) need(s) real-time |  |  |  |  |
| quote service/ news provided by the exchanges and / or qu  | uotation system supplie  | er, please fill in the application form.                      |  |  |  |  |
| I/We have also read and understood the Terms and Conditions for the ETS in Section III of Client Agreement and agreed    |  |   |  |  |  |  |
| to be governed by them.  |  |   |  |  |  |  |
| Part C · Account Opening and Risk Disclosure S   | Statements   |   |  |  |  |  |
| By signing this Part, the Client declares and confirm  | ns that:   |   |  |  |  |  |
| The information provided the Client Information Sheet is complete, true and accurate. Grand is entitled to rely fully on |  |   |  |  |  |  |
| -  | •  | lient informs Grand in writing of any change to that          |  |  |  |  |
| information within 30 days.  |  |   |  |  |  |  |
| ii) The Client has read, understood and agrees to  | be bound by all the t  | erms and conditions and supplements in this Agreement         |  |  |  |  |
| applicable to the type of Account(s) that the Cl   | lient agrees to open   | with Grand.   |  |  |  |  |
| Agreed, signature of Client:   |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| Name of Director, Shareholder, Ultimate Beneficial   | Owner and/or Auth  | orized Person :   |  |  |  |  |
| Name of Corporate:   |  |   |  |  |  |  |
| Date:  |  |   |  |  |  |  |
| Signature of Witness:  | Full Name of Witness:  |   |  |  |  |  |

Date:

Occupation of Witness:



|                                | ACCOUNT OPENING F | GREEMENI                | Account No: |
|--------------------------------|-------------------|-------------------------|-------------|
| Approved and accepted by Grand |                   | Signature of Authorized | d Person    |
| Name of Authorized Person      |                   |                         |             |
| Date:                          |                   |                         |             |



Account No:

# SECTION XVI: CLIENT ACKNOWLEDGEMENT

- I, being a licensed person of Grand, hereby confirm and declare that I have
- the risk disclosure statement and disclaimer ("Risk Disclosure") was provided in a language of my/our choice (English or Chinese);
- I/We was/were invited to read the risk disclosure statement and disclaimer, to ask questions and take independent advice if

  I/We wish;
- iii) the information provided in the Investor Characterization Questionnaire is true and correct;
- iv) the Risk Disclosure may not cover all risks, and understand that I/we should gather and study information including sale and purchase of the relevant investment product before trading;
- I/We acknowledge that should I/we have difficulties in understanding the Risk Disclosure or the nature and risks of trading investment products, I/we should seek independent professional advice.

Agreed, signature of Client:

Name of Director, Shareholder, Ultimate Beneficial Owner and/or Authorized Person:

Name of Corporate:

Date:



Account No: \_\_\_\_

| SECTION XVII: FEE AND COM   | MISSIONS FORM                               |                         |  |
|---|---|-------------------------|--|
| London gold / London silver   |   | (S)                     | (L)  |
| 999.9 Gold (Tael) 港金 9999/兩   |   |                         |  |
| 999.9 5 Gold (Kilo) 港金 9999/公斤  |   |                         |  |
| RMB Gold (Kilobar) 人民幣公斤條   |   |                         |  |
| Others 其他:  |   |                         |  |
| Signature of Client: Name of Client:  | Signed by Account Executive:                | Approved                | by Grand:                                    |
| Date:   | Date:                                       | Date:                   |  |
| Clients will still be charged non-brokerage fe<br>for specific services charges may not be listed |   | •                       | vy and Trading Fee where applicable. Charges |
| Relevant fees and charges determined by the   | Government, regulatory authority and exchan | ges are subject to cha- | nge without prior notice.                    |



Account No: \_\_\_\_

| To:       | Grand Investment (Bullion) Limited   |
|-----------|--|
|           | (Called "Grand")   |
| т         | ("the Company") do hereby certify that the said resolutions set  |
|           | n below were duly adopted by the Board of Directors of the Company on  |
| 101u<br>1 | The be opened with Grand   |
| •         | and the following person(s) be authorized to give Instructions to Grand orally, in writing or through any  |
|           | electronic means as agreed by Grand from time to time for the purpose of dealing in securities, including but  |
|           | not limited to, shares, stocks, listed or over-the-counter options, futures, bonds, debentures, notes, scrip,  |
|           | evidence of indebtedness, mortgage-backed and asset-backed securities, commercial paper, warrants or other   |
|           | derivative transactions, as well as any other instrument generally regarded as investment.   |
|           | Name of Person(s) Specimen Signature   |
| 1)        |  |
| 1)        |  |
| 2)        |  |
| ĺ         |  |
| 3)        |  |
|           | <u> </u>   |
|           |  |
| 2         | Any written Instructions to the Company should be signed by: $\square$ Any One or $\square$ All or $\square$ Jointly by Any  |
| _         | Two** of the persons set as above;   |
| 3         | The Terms and Conditions of the Client Agreement and Account Opening Agreement be accepted and   |
| 1         | approved.  |
| 4         | All relevant documents submit to Grand are verified and ensured that the information provided is correct and that authorize:   Any One or  All or  Other  ** of the board of directors to sign all |
|           | necessary documents for the account on behalf of the Company.  |
| 5         | The said resolutions are now in full force and effect until any revocation or amendment made to Grand.   |
| 6         | Please use supplementary sheet if insufficient space   |
|           |  |
| Here      | by further certify that the details of the resolution have been entered into the minutes book of the company and signed  |
| herei     | n by the chairman of the meeting and are in accordance with the company 's memorandum and articles of association or   |
| equiv     | valent constitutional documents.   |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           | Signed (Chairman of the meeting) and together with company seal  |
|           | Name:  |
|           | Date:  |
|           | **Please choose one only   |



|                | PLEMENTARY 2: PERSONAL GUARANT   | EE   |                                  |  |  |  |
|----------------|--|--|----------------------------------|--|--|--|
| To:            | G 17 (D 111 ) 71 1 1   |  |                                  |  |  |  |
|                | Grand Investment (Bullion) Limited   |  |                                  |  |  |  |
|                | (Known as "Grand")   |  |                                  |  |  |  |
|                | Client Name:   |  | ("Client")                       |  |  |  |
|                | Account Type and Account No.:  |  |                                  |  |  |  |
|                | Date:  |  |                                  |  |  |  |
| In co          | nsideration of Grand agrees and continues to pro   | ovide the Client with any securities and/or co   | ommodities trading and/or        |  |  |  |
| bullio         | on trading and/or other related services as per the  | e terms and conditions specified in the Clien    | t Agreement and any              |  |  |  |
| Supp           | lements agreed and to be agreed between Grand  | and the Client, I hereby agree as follows:       |                                  |  |  |  |
| 1              | I unconditionally and irrevocably agree with G   | rand as principal obligor and not merely and     | shall be continuing to pay and   |  |  |  |
|                | satisfy to Grand on demand all balance which a   | are now or may be from time to time hereafte     | er due to Grand by the Client,   |  |  |  |
|                | including:   |  |                                  |  |  |  |
|                | a) in case of the death, bankruptcy, liquidation   | on, incapacity, disability or lack or limitation | of authority or power of the     |  |  |  |
|                | Client, all sums owing to Grand under any by Grand:  | account(s) of the Client prior to receiving the  | ne actual notice of such event   |  |  |  |
|                | b) all monies or liabilities owing under any c   | redit or facilities granted to the Client's acco | ount(s) by Grand;                |  |  |  |
|                | until all sums owing and due by the Client are settled and any notice issued by Grand to terminate this guarantee has been |  |                                  |  |  |  |
|                | received.  |  |                                  |  |  |  |
| 2              | Grand may at all times without notifying and ol  | btaining prior consent from me/us and without    | ut affecting my liability        |  |  |  |
|                | hereunder:   |  |                                  |  |  |  |
|                | a) grant, extend, vary or determine any cred   | it, facility or accommodation to the Client;     |                                  |  |  |  |
|                | b) vary the interest rate to the Client's account  | int(s);  |                                  |  |  |  |
|                | c) grant any time or indulgence to the Client  | · ·  |                                  |  |  |  |
| 3              | My maximum liability hereunder shall not excellent.  | eed an aggregated total balance of all outstan   | ding loans or liabilities of the |  |  |  |
| 4              | This Guarantee shall be a continuing security b  | inding on my respective executor, administra     | ator, personal representative,   |  |  |  |
|                | official receiver or liquidator.   |  |                                  |  |  |  |
| 5              | My obligation under this Guarantee are to be in  |  | ·                                |  |  |  |
|                | in respect of the Client's obligations and shall r   | not be affected by any guarantee given by oth    | ner parties.                     |  |  |  |
| 6              | I represent and warrant to Grand that I have ful   | l power, authority and legal right to enter int  | o and engage in the              |  |  |  |
|                | transactions contemplated by this Guarantee.   |  |                                  |  |  |  |
| 7              | This Guarantee is governed by and construed in   |  | pecial Administrative Region.    |  |  |  |
| Guar           | antor Signature:   | Witness Signature:                               |                                  |  |  |  |
| Nam            | e of Guarantor:  | Name of Witness:                                 |                                  |  |  |  |
| HKID/Passport: |  | HKID/Passport:                                   | D/Passport:                      |  |  |  |
| Othe           | r Identification No:   | Other Identification No:                         |                                  |  |  |  |
| Occu           | pation:  | Occupation:                                      |                                  |  |  |  |
| Telep          | phone Number:  | Telephone Number:                                |                                  |  |  |  |
| Resid          | lential Address:   | Residential Address:                             |                                  |  |  |  |



Account No:

# SUPPLEMENTARY 3: MARGIN CALL ARRANGEMENTS

- Clients are required to post additional margin in their accounts if the level of initial margin is below the maintenance margin level. If the Client fails to deposit sufficient funds to the level of initial margin, Grand reserves the right to liquidate positions without prior notice to the client.
- Dealing staff of Grand may close out client positions any time under the following circumstances:
- 1. Margin for London precious metals is 25% of the initial margin or lower;
- 2. HKG/RMB kilobar deposit is less than 30% of the initial margin.
- Due to market volatility, the above margin ratios for closing out positions are for reference only. Grand reserves the right to change such ratios (including the above and other products which are not listed) any time. Volatile markets and rapid change in product prices may lead to immediate forced liquidation if there are insufficient funds in the client's account. In such cases, Grand may liquidate positions without notifying the Client of the margin calls.
- The Client is advised to deposit sufficient margin based on his/her/its risk tolerance and the Client should be vigilant about the prices of the relevant products traded. In addition to the aforementioned risks, Grand reserves the right for absolute and ultimate decision regarding margin call arrangements.

| Client | acknow | hanhal | and | agraad | Sunn | lementary | 3 to | cian. |
|--------|--------|--------|-----|--------|------|-----------|------|-------|
| CHem   | acknow | leagea | anu | agreeu | Supp | iememai y | 310  | sign. |

| Name of Director, Shareholder, Ultimate Beneficial Owner and/or Authorized Person : |
|---|
| Name of Corporate:  |

Date: