

Know Your Client information form

To: Horizons Visions Limited

Please complete this application form in English BLOCK LETTER and "√" where appropriate and cross out where not applicable.

A. Customer Information	
Customer Identification Number	<input type="checkbox"/> Certificate of Incorporation ("C"): _____ <input type="checkbox"/> Business Registration ("B"): _____ <input type="checkbox"/> Others ("X"): _____
Full Legal Name of Applicant (in English)	
Contact Person for this form	
Title	
Telephone	
E-mail	
Part 1: Contact Details	
Registered Office Address in the Place of Incorporation	
Flat/Apartment _____ Floor _____ Block _____ Building _____	
Street Name _____	
District _____	<input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT <input type="checkbox"/> Outlying Islands
Overseas Address (if applicable) _____	

_____ Country _____ (Postal Code: _____)	
Business Address	
<input type="checkbox"/> Same as Registered Address	
<input type="checkbox"/> Address as specified below (if the address is not in Hong Kong, please provide postal code _____)	

_____ Country _____	

A. Customer Information (Cont.)

Part 1: Contact Details (Cont.)

Correspondence Address

- Same as Registered Address Same as Business Address
 Same as Current Residential Address (Only for Sole Proprietorship)
 Address as specified below (if the address is not in Hong Kong, please provide postal code _____)

Address Details in English _____

_____ Country _____

Correspondence Address Details in Chinese (Only applicable to Correspondence Address in **Mainland China or Taiwan** ("Chinese Correspondence Address"))

_____ Country _____

A. Customer Information (Cont.)

Part 1: Contact Details (Cont.)

Business Phone Number and Email Address

Contact Telephone Number (1) () _____	Fax Number (1) () _____
(2) () _____	(2) () _____

Mobile Telephone Number: () _____

Business Email Address
(1) _____
(2) _____

Business Website URL (if available):

Part 2: Business Details

Nature of Business

Number of Employees in	Hong Kong: _____ Mainland China: _____ Other Area: _____			
Country of Operations/ Location where Assets are held	Country	Number of Branches	Number of Subsidiaries	Number of Local Offices
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Top 5 Countries of Revenues * Only for country with at least 10% contribution	Country		% of revenue / intended revenue	
	_____		_____	
	_____		_____	
	_____		_____	
	_____		_____	
	_____		_____	

A. Customer Information (Cont.)		
Part 2: Business Details (Cont.)		
Nature of Business (Cont.)		
Top 5 Countries of Purchases * Only for country with at least 10% contribution	Country	% of purchases / intended purchases
Top 5 Countries of Assets * Only for country with at least 10% contribution	Country	% of assets held
Key Customer Type(s)	<input type="checkbox"/> Individuals <input type="checkbox"/> Governments / Public Sector <input type="checkbox"/> Businesses <input type="checkbox"/> Banks and Other Financial Institutions <input type="checkbox"/> Other: _____ _____ _____	
Key Customer/ Supplier who Accounts for More Than 50% of Total Sales/Purchases (if any)	Registered Name	
	"Trading As" Name (If different from Registered Name)	
	% of Sales Revenue/ Purchases	
	Nature of Business/ Industry	

A. Customer Information (Cont.)																												
Part 2: Business Details (Cont.)																												
Financial Information																												
Principal Source of Wealth for the Business (Select all that apply)	<input type="checkbox"/> Lottery Gaming Win <input type="checkbox"/> Gift <input type="checkbox"/> Real Estate Development/Investment <input type="checkbox"/> Active Wealth/Investments <input type="checkbox"/> Lump sum - Redundancy Payment <input type="checkbox"/> Investment by Ultimate Beneficial Owner/Partner <input type="checkbox"/> Intragroup Financing <input type="checkbox"/> External Investment <input type="checkbox"/> Sale of Assets/Property <input type="checkbox"/> Business Ownership <input type="checkbox"/> Loan - Business <input type="checkbox"/> Income - Business Income <input type="checkbox"/> Donation (For Non-profitable organization only)																											
Principal Source of Wealth for the Future (Select all that apply)	<input type="checkbox"/> Lottery Gaming Win <input type="checkbox"/> Gift <input type="checkbox"/> Real Estate Development/Investment <input type="checkbox"/> Active Wealth/Investments <input type="checkbox"/> Lump sum - Redundancy Payment <input type="checkbox"/> Investment by Ultimate Beneficial Owner/Partner <input type="checkbox"/> Intragroup Financing <input type="checkbox"/> External Investment <input type="checkbox"/> Sale of Assets/Property <input type="checkbox"/> Business Ownership <input type="checkbox"/> Loan - Business <input type="checkbox"/> Income - Business Income <input type="checkbox"/> Donation (For Non-profitable organization only)																											
Relevant Key Financial Data for the Business	<input type="checkbox"/> Annual Revenue (Gross Revenue) (If your business is a start-up, please advise base on your business plan) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Currency</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Current Year</td> <td></td> <td></td> </tr> <tr> <td>Projection for next year</td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Asset Size <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Currency</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Current Year</td> <td></td> <td></td> </tr> <tr> <td>Projection for next year</td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Other : _____ _____ _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Currency</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Current Year</td> <td></td> <td></td> </tr> <tr> <td>Projection for next year</td> <td></td> <td></td> </tr> </tbody> </table>		Currency	Amount	Current Year			Projection for next year				Currency	Amount	Current Year			Projection for next year				Currency	Amount	Current Year			Projection for next year		
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Annual Business Turnover	<input type="checkbox"/> Current Year: HKD _____ (Only applicable to company operating more than 1 year) <input type="checkbox"/> Projected for the next year: HKD _____ (Only applicable to company operating less than 1 year)																											
Name of your business' audit or accounting firm																												

A. Customer Information (Cont.)	
Part 2: Business Details (Cont.)	
Company Details	
Full Legal Name of Applicant (in English)	
Full Legal Name of Applicant (in Chinese)	
Trading As Name	
Trading As Name in Chinese	
Country of Primary Business Operations	
Location of Headquarters	
Nature of Business / Industry	
Business Type	<input type="checkbox"/> Commercial Operating Business <input type="checkbox"/> Holding Company (Economic Purpose):
Do you or any of your connected parties have current business activities in Iran, Sudan, North Korea, Syria, Cuba, Belarus or Zimbabwe, Crimea / Sevastopol? And / Or Do you or any of your connected parties have current or planned business activities in Russia specifically, in the energy / oil, and gas sector or the military or defence? This includes both direct and indirect business activities within any of the above countries / jurisdictions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
To the best of your knowledge, does the company or any of the company's connected or other related parties have a presence in Iran, North Korea, Syria, Cuba or Crimea / Sevastopol region?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To the best of your knowledge, are the company or any of the company's connected or other related parties currently sanctioned by the following bodies: UN, EU, UKHMT, HKMA, OFAC, or as part of local's sanctions law? And / Or To the best of your knowledge, does the company have any current Business Activity involving individuals, entities or organisations which are currently targeted by sanctions administered by the following bodies: UN, EU, UKHMT, HKMA, OFAC, or as part of local sanctions law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company, to the best of your knowledge, have any projects or operations which a Sectoral Sanctions Identifications Target has ownership or voting rights in, that are in deep-water, Arctic offshore or shale projects that have the potential to produce oil anywhere in the world?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To the best of your knowledge, is the company 50% or more owned or controlled by the government of Venezuela?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>The company or the company's connected or other related parties have current or planned business activity with the government of Venezuela, or with an entity that is 50% or more owned or controlled by the government of Venezuela?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

A. Customer Information (Cont.)

Part 3: Contact Person Details

	Contact Person 1	Contact Person 2
First Name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Surname(s)		
Job Title		
Preferred Telephone Number	()	()
Email Address		

Note: Contact person(s) listed above will replace all existing contact person(s) on record.

Part 4: Details of Connected Parties

This section will help us to understand more about the ownership of your business as well as any other connected parties.

Beneficial owners:
 A beneficial owner is an individual or an entity who owns or exercises control over your business through either;
 - their shareholding or other ownership interest in your business;
 - control over the voting rights;
 - exercising other control over the composition and/or the voting of the Board of Directors

A beneficial owner can also be the party on whose behalf a transaction or activity is being conducted.

Ultimate beneficial owner (UBO):
 UBO is usually an individual who ultimately owns a legal entity and/or the person on whose behalf a transaction is being conducted. The UBO is any individual or government body that owns, has the right to vote, or has the power to sell or direct the sale of a class of the business' voting securities of an Intermediate Owner.

An intermediate beneficial owner (IBO):
 IBO is an entity or legal arrangement (e.g. a structure such as a Trust or Foundation) identified as existing within the corporate structure that sits between your business and the UBO (as defined above) in the ownership chain.

Key controller (KC):
 Is someone who is elected or appointed to exercise more direct control over the legal entity, by participating in the governance or senior executive activities of the business. Key controllers typically set the strategic direction of the entity. The title given to a key controller varies. Most commonly, a key controller will include the Chief Executive Officer (CEO), Chief Financial Officer (CFO), managing partner and chairman of the board. Usually, control is exercised jointly with other directors / senior executive management.

Director/Partners:
 A director or a partner is an appointed member of a business board and may be either an executive or a non-executive. The roles and responsibilities of a board of directors will vary according to the type of entity. For entities, certain directors and managers will be classified as key controllers, due to their ability to exercise significant control over an entity and to have a substantial influence over the day-to-day management of the business.

Management Information
 (Record of customer's personal account will also be updated accordingly except Home, Mobile and Office Telephone)

No.) Connected Party - Individuals

	Relevant Person 1	Relevant Person 2
Full Name in English	Mr Mrs Miss Ms	Mr Mrs Miss Ms
Full Name in Chinese		
Previous Name (if applicable)		
Position/Title		
Date of Birth (DD/MM/YY)		
Country of Birth		
Country of Residence for Tax Purposes (for Sole Proprietor only)		
ID Document Type	HKID Passport Travel Document Others: _____	HKID Passport Travel Document Others: _____
ID Document No.		

A. Customer Information (Cont.)

Part 4: Details of Connected Parties (Cont.)

Management Information (Cont.)

(Record of customer's personal account will also be updated accordingly except Home, Mobile and Office Telephone No.)

Connected Party - Individuals (Cont.)

	Relevant Person 1	Relevant Person 2
Role (Select all that apply)	<input type="checkbox"/> Director <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Partner <input type="checkbox"/> Member with >10% voting right <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Key Controllers	<input type="checkbox"/> Director <input type="checkbox"/> Ultimate Beneficial Owner <input type="checkbox"/> Partner <input type="checkbox"/> Member with >10% voting right <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Key Controllers
Nationality1		
Multiple Nationality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality2		
Nationality3		
Percentage Ownership	%	%
Current Residential Address	_____ _____ _____ _____ _____ _____ Country _____ (Postal Code: _____)	_____ _____ _____ _____ _____ _____ Country _____ (Postal Code: _____)
Date moved to Residential Address (MM/YYYY) (for Sole Proprietor only)		
Previous Address (Please specify if length of residence at current residential address is less than 3 years) (for Sole Proprietor only)	_____ _____ _____ _____ _____ _____ Country _____ (Postal Code: _____)	_____ _____ _____ _____ _____ _____ Country _____ (Postal Code: _____)
Permanent Residential Address	<input type="checkbox"/> Same as Current Residential Address _____ _____ _____ _____ _____ Country _____ (Postal Code: _____)	<input type="checkbox"/> Same as Current Residential Address _____ _____ _____ _____ _____ Country _____ (Postal Code: _____)

Example: For a foreigner, permanent residential address may be the address in his/ her home country, current residential address may be the address in Hong Kong; For a Hong Kong citizen, permanent residential address and current residential address may be the same.

A. Customer Information (Cont.)				
Part 4: Details of Connected Parties (Cont.)				
Management Information (Cont.) (Record of customer's personal account will also be updated accordingly except Home, Mobile and Office Telephone No.)				
Connected Party - Individuals (Cont.)				
	Relevant Person 1		Relevant Person 2	
Source of Wealth (Select all that apply)	<input type="checkbox"/> Lottery Gaming Win	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Lottery Gaming Win	<input type="checkbox"/> Inheritance
	<input type="checkbox"/> Real Estate Development/Investment	<input type="checkbox"/> Sale of Assets/Property	<input type="checkbox"/> Real Estate Development/Investment	<input type="checkbox"/> Sale of Assets/Property
	<input type="checkbox"/> Art Work Investment	<input type="checkbox"/> Gift	<input type="checkbox"/> Art Work Investment	<input type="checkbox"/> Gift
	<input type="checkbox"/> Active Wealth/Investments	<input type="checkbox"/> Pension	<input type="checkbox"/> Active Wealth/Investments	<input type="checkbox"/> Pension
	<input type="checkbox"/> Investment - shareholder	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Investment - shareholder	<input type="checkbox"/> Business Ownership
	<input type="checkbox"/> Parental Support	<input type="checkbox"/> Income - Salary	<input type="checkbox"/> Parental Support	<input type="checkbox"/> Income - Salary
	<input type="checkbox"/> Claimant Benefits	<input type="checkbox"/> Stipend	<input type="checkbox"/> Claimant Benefits	<input type="checkbox"/> Stipend
	<input type="checkbox"/> Loan - Student	<input type="checkbox"/> Allowance from Family Relations	<input type="checkbox"/> Loan - Student	<input type="checkbox"/> Allowance from Family Relations
	<input type="checkbox"/> Member of a Royal Family		<input type="checkbox"/> Member of a Royal Family	
State the country(ies) in which the individual attained their initial Source of Wealth				
State the country(ies) in which the individual attained their ongoing Source of Wealth				

A. Customer Information (Cont.)	
Part 4: Details of Connected Parties (Cont.)	
Management Information (Cont.) (Record of customer's personal account will also be updated accordingly except Home, Mobile and Office Telephone)	
No.) Connected Party - Corporate Entity	
Full Name of Legal Entity	
Company Name in Chinese	
Previous Name (if applicable)	
Trading As' Name (Only for Key Controller)	
Role (Select all that apply)	<input type="checkbox"/> Member with >10% voting right <input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Key Controllers <input type="checkbox"/> Corporate Director <input type="checkbox"/> Director <input type="checkbox"/> Protector
Registered Number	Country of Incorporation
<input type="checkbox"/> Certificate of Incorporation ("C"): _____ <input type="checkbox"/> Business Registration Certificate ("B"): _____ <input type="checkbox"/> Other Registration Certificate ("X"): _____	
Registered Office Address in the Country of Incorporation	
Flat/Apartment _____ Floor _____ Block _____ Building _____	
Street Name _____	
District _____ <input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT <input type="checkbox"/> Outlying Islands	
Overseas Address (if applicable) _____	

Country _____ (Postal Code: _____)	
Principal Business Address <input type="checkbox"/> Same as Registered Address	
<input type="checkbox"/> Address as specified below (if the address is not in Hong Kong, please provide postal code _____)	

Country _____	
Operating Address (Only for other related parties)	

Country _____ (Postal Code: _____)	
Date of Incorporation/Establishment (DD/MM/YY)	
Location of Business	Location of Headquarters
Is this entity regulated/listed? <input type="checkbox"/> Regulated <input type="checkbox"/> Listed <input type="checkbox"/> No	

B. Declaration

Note: This Declaration should be signed by the Sole Proprietor if the Applicant is a sole-proprietorship, all Partners if the Applicant is a partnership or the Sole Director or each of the Directors (including the Chairman of the Meeting) who constituted quorum for the Said Meeting in accordance with the articles of association or the constitutional documents of the Applicant if the Applicant is a limited company.

<p>In the capacity(ies) of a Sole Proprietor / Partner / Sole Director / Chairman of the Meeting (must be a director) *</p> <p>X _____</p> <p>Name: _____</p> <p>Date(DD/MM/YY): _____</p> <p>In the capacity(ies) of a Partner / Director*</p>	<p>In the capacity(ies) of a Partner / Director*</p> <p>X _____</p> <p>Name: _____</p> <p>Date(DD/MM/YY): _____</p> <p>In the capacity(ies) of a Partner / Director*</p>
<p>X _____</p> <p>Name: _____</p> <p>Date (DD/MM/YY): _____</p> <p>*Please delete inappropriate identity.</p>	<p>X _____</p> <p>Name: _____</p> <p>Date (DD/MM/YY): _____</p>