



CHANGE OF ACCOUNT PARTICULARS FORM

Client Name:	Account No.:
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Please update my / our information as follow on (effective date) _____ : (Only fill in the information to be changed)

Personal Particulars	
<input type="checkbox"/> Home / Business Address:	(# Add / Change / Cancel) _____
<input type="checkbox"/> Correspondence Address:	_____
<small>Note: An address proof issued within the last 3 months is required</small>	
<input type="checkbox"/> Contact Home/Mobile Phone No.*:	(# Add / Change / Cancel) _____
<input type="checkbox"/> Mobile Phone No.* for receiving SMS or One Time Verification Password:	(# Add / Change / Cancel) _____
<input type="checkbox"/> Office Tel No:	(# Add / Change / Cancel) _____
<input type="checkbox"/> Fax No.:	(# Add / Change / Cancel) _____
<input type="checkbox"/> Email Address:	(# Add / Change / Cancel) _____
<small>Note: *It is defaulted that the contact mobile phone no. will be used for receiving SMS or one-time password for two-factor authentication purpose. Please provide both contact mobile phone number and the mobile number for receiving SMS or one time verification password if they are different. (# Please delete as appropriate)</small>	
Change of Statement Collection Method	
<input type="checkbox"/> by E-mail	
<input type="checkbox"/> by Post	
<small>By giving the email address above, I/we hereby acknowledge and agree to receive the daily statements of account and monthly statements of account via electronic mail from Emperor Securities Limited and/or Emperor Futures Limited. I/We understand and acknowledge that no hard copy of the above-mentioned statements will be received thereafter. I/We also understand and acknowledge that Emperor Securities Limited and/or Emperor Futures Limited shall not be responsible for any delay or failure in the transmission, receipt of information due to either a breakdown or failure of transmission of communication facilities, or any unreliable medium of communication or to any uncontrollable or unanticipated cause or other causes.</small>	
Change of Bank Account Particulars	
<input type="checkbox"/> Change	Bank Name: _____
<input type="checkbox"/> Add	Location of the bank account: _____
<input type="checkbox"/> Cancel	Account: _____
<small>Note: Please provide the supporting document</small>	
Employment Status	
<input type="checkbox"/> Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed
<input type="checkbox"/> Occupation / Business Nature:	_____
<input type="checkbox"/> Job Title / Years of Service:	_____
<input type="checkbox"/> Name of Employer:	_____
<input type="checkbox"/> Business Address / Office Tel. No / Fax No.:	_____
Others	
<input type="checkbox"/> Reset Internet Trading Password	<input type="checkbox"/> Securities Account <input type="checkbox"/> Futures Account <input type="checkbox"/> Stock Options Account
<small>(Please sign the new signature specimen on the valid proof of identity, and only accept our licensed representative or staff of Emperor Capital Group for the witness)</small>	
Signature of Witness : _____	
<input type="checkbox"/> New Signature Specimen: _____	Full Name : _____ Date : _____
<input type="checkbox"/> Others: (Please specify) _____	

Client's Signature _____
(Please use the signature on record at Emperor Capital Group)

Date _____

For Office Use Only 只供本公司專用	
Noted By:	Signature verified, checked and Processed by:
(AE)	(L & C Dept.)
Date:	Date: