

Customer Declaration for Investment Services

Customers may choose to fill in the relevant part(s) in this declaration. Please fill in a separate declaration for each joint account holder.

Part I: Deposit Information Consent Declaration

Please choose either one of the below options:

- (Option 1) Until further notice by me otherwise**, I hereby **consent** to the staff members of the Bank accessing and utilizing my deposit information for the purpose of providing investment and wealth management services as well as, in the designated investment corners of the Bank, full banking services including general banking services.
- (Option 2)** I hereby **consent** to the staff members of the Bank accessing and utilizing my deposit information for the purpose of providing investment and wealth management services as well as, in the designated investment corners of the Bank, full banking services including general banking services for the transaction(s) dated: _____.

Part II: Investment Experience Declaration for Pre-Investment Cooling-off Period (PICOP) (Copy of relevant monthly statement/contract note as proof is needed)

I declare that I have investment experience in the below selected type(s)/feature(s) of products with other firm(s), as supported by the relevant document proof (monthly statement/contract note) attached herewith for your Bank's record. I understand the rationale for and consequences of signing this declaration. I acknowledge that, in accordance with this declaration, I am **not** a first-time buyer in respect of the following selected type(s)/feature(s) of product under "Pre-Investment Cooling-Off Period" arrangements.

- | | | |
|--|---|---|
| <input type="checkbox"/> Currency Linked products | <input type="checkbox"/> Equity Linked products | <input type="checkbox"/> Debenture products with exchangeable feature |
| <input type="checkbox"/> Interest-rate Linked products | <input type="checkbox"/> Credit Linked products | <input type="checkbox"/> Debenture products with convertible feature (Including contingent convertible) |
| <input type="checkbox"/> Fund Linked product | <input type="checkbox"/> Debenture products with extendable feature | <input type="checkbox"/> Debenture products with non-viability loss absorption feature (e.g. bail-in) |

Note: A Customer who is eligible for the PICOP arrangement is allowed to have at least 2 calendar days (of which the last day should be a business day) to understand the product, consider the appropriateness of the investment and, if necessary, consult with family members and friends. The price (s) and terms of the transaction will be fixed on the day when the customer gives instruction to the Bank to confirm placement of a purchase / subscription order, i.e. upon the end of the PICOP.

PICOP shall be applicable to each particular transaction of the above non-listed investment products if you are one of the following retail customer types:

- (1) *An elderly customer aged 65 or above, unless you are not a first-time buyer of the specific type/feature of product AND your asset concentration for the transaction is below 20% AND you opt out from the PICOP arrangement; or*
- (2) *A non-elderly customer, being a first-time buyer of the specific type/feature of product AND your asset concentration for the transaction is 20% or above.*

By declaring that you are not a first-time buyer in a specific type/feature of derivative products, when transacting such type/feature of products and

- (1) *For elderly customer aged 65 or above: you may be allowed to opt out from the PICOP arrangement provided that your asset concentration for the transaction is below 20%;*
- (2) *For non-elderly customer aged below 65: you will not be eligible for the PICOP arrangement.*

Part III: Derivative Knowledge Declaration

- I have undergone training on derivatives offered by Dah Sing Bank. I understand the content of the video and agree that I will be characterized as a client with knowledge of derivatives.

Remarks

Customer Signature:



Customer Name:

Date:

I.D. Number:

For Bank Use Only

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|------------------------|-----------------|----------------------------------|--|------------|
| Name of Handling Staff | Staff Signature | Document verified and checked by | CSS / CIF System Updates (Not applicable to Part I Option 2) | |
| | | | System Input by | Checked by |