

Assessment on Client's Knowledge of Derivatives

Account Holder

Name(s) of Account Holder(s):

HKID / Passport No.:

Account No.:

Knowledge of Derivatives

- I / We **have knowledge** of derivative products acquired from:
- having conducted 5 or more transactions in derivative products (whether traded on an exchange or not) within past 3 years (e.g. Derivative Warrants, CBBCs, Stock Options, ETFs, etc)
 - having undertaken training or attended courses which provided knowledge of the nature and risks of derivatives* (e.g. online or classroom courses offered by academic or financial institutions)
[* For corporate client, please provide name(s) and relevant information on ultimate person(s) who control the account or make investment decision]
- Name(s) of Ultimate Person(s): _____ [for corporate client only]
- Additional Information: _____
- my/our past or current work experience related to derivative products* (e.g. work experience in bank or financial institutions)
[* For corporate client, please provide name(s) and relevant information on ultimate person(s) who control the account or make investment decision]
- Job Title: _____ Year(s) of Experience: _____
- Name(s) of Ultimate Person(s): _____ [for corporate client only]
- Additional Information: _____
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- I / We acknowledge that I / We have read and fully understood the nature and risks of Exchange-Traded derivative products as explained in the "Risk Disclosure Statements (July 2011)" provided by Kingsway Financial Services Group Limited. I / We am / are willing to accept the risks associated with trading derivative products.
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- I / We have **No Knowledge** of derivative products.

Client Declaration

I / We hereby confirm that the above information provided is true and complete, and understand that **Kingsway Financial Services Group Limited** will rely on such information to assess whether I / We have the necessary knowledge of derivative products in order to comply with relevant requirements of the Code of Conduct for Persons Licensed by or Registered with the Securities and Futures Commission.

Authorized Signature

Name:

Date:

Authorized Signature

Name:

(For joint account, all account holders must sign)

For Office Use Only

Name of Account Executive :

Checked By :

Recorded By :