

Investor Onboarding Form

This assessment is designed for iPartners Asia Pte Ltd (**iPartners Asia**) to collect identification information and perform internal assessment on the investor's knowledge, expertise, and investment experience. Please answer the following questions and attach the relevant supporting documents as requested below.

This form should be signed and dated **ONLY** by the Ultimate Beneficial Owner (UBO) as the signature is usually matched with identity documents. All fields should be filled and detailed to be provided as needed. Source of wealth and/or funds should be clearly and elaborately described. Kindly add additional fields, in case you need to provide more detailed information.

Part I UBO/Effective Controller Details

UBO/Effective Controller 1	
Name (as per ID/ Passport)	
Chinese Name (if any)	
Other current names including former (if any)	
ID Document No.	
Nationality	
Country of Domicile	
Residential Address	

Details (select as appropriate)		
a. Investing entity	<input type="checkbox"/> Employee	Since:
	Name of Employer:	
	Position:	
b. Business Owner	<input type="checkbox"/> Self-Employed	Since:
	Company Name:	
	% of ownership:	
	Registration number:	
	Place of registration:	
	Principal place of business:	
	Year of registration:	
	Nature of business:	
Business type <input type="checkbox"/> Private company <input type="checkbox"/> Listed company <input type="checkbox"/> Partnership		

	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others	
	Business areas [insert names of countries/ or regions]	
	Number of employees	
	Seed capital for starting the business (in HKD)	
	Latest annual sales volume (in HKD)	
	Latest annual net profit (in HKD)	
	Latest annual income received (in HKD) [include director's fee and dividend income]	
c. Non-Employed	<input type="checkbox"/> Currently not employed	Since:
	Previous Profession:	
d. Retired	<input type="checkbox"/> Retired	Since:
	Previous Profession:	
e. Homemaker / Housewife	<input type="checkbox"/> Homemaker / Housewife	Since:
	Previous Profession:	
f. Others	<input type="checkbox"/> Others	Since:

Part II Source of Funds/ Wealth

Estimated Income:	
Income from Profession	
Business Income	
Investment Income	
Rental Income	
Funds from Inheritance	
Other Income	

Total Assets:	
Investments	
Cash	
Balance in Bank	Insert the name of the Bank with the balances
Properties	Residential or commercial including the no. with value

Others	
Part III Relationship Details	
Have you been a "Politically Exposed Person" (PEP) or a relative of a PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of the position held or association:
Client Introduction to the company	<input type="checkbox"/> Client Referral <input type="checkbox"/> RM Prospect <input type="checkbox"/> Referral Agent <input type="checkbox"/> Known to the employee <input type="checkbox"/> Walk in Customer <input type="checkbox"/> Others
Reason of Account Opening	
Initial amount of Investment	
Expected investment during the course of relationship	
Assets transferred	If the assets are transferred from another account, please provide the details:
Mode of Incoming funds	
Relationship with the third-party if the funds are coming through third-party	

Part IV Brief on the Client

Additional information about the client including the business ownership, employment (current and past), inheritance, investments etc.

The information should be highlighting how the start of generating the funds took place up to where they are placed today.

Date:

Signed: