

个人账号 Account Number: \_\_\_\_\_

## 开户申请书及客户资料备考 (私人账户)

### Private Opening Application Form and Information Reference

Please complete this application form by ticking in (✓) in the appropriate box and using BLOCK CAPITALS. All the fields marked with \* are not mandatory. Please ensure the form has been appropriately signed.

请在适用空格内打 (✓), 并使用正楷或大写字母填写本表。所有带\*的部分为非必填项目, 并请您按照要求签名。

#### Account Holder Identity Details 账户持有人身份资料

Title 称谓:	Mr 先生 <input type="checkbox"/>	Mrs 夫人 <input type="checkbox"/>	Miss 小姐 <input type="checkbox"/>	Mr 先生 <input type="checkbox"/>	Mrs 夫人 <input type="checkbox"/>	Miss 小姐 <input type="checkbox"/>
Name in Chinese 中文姓名	<input type="text"/>			Name in Chinese 中文姓名	<input type="text"/>	
Name in English 英文姓名	<input type="text"/>			Name in English 英文姓名	<input type="text"/>	
Birthday 出生日期	<input type="text"/>			Birthday 出生日期	<input type="text"/>	
Place of Birth:	<input type="text"/>			<input type="text"/>		
Type of official identification document:	<input type="text"/>			<input type="text"/>		
Nationality & ID No. 国籍和证件号码	<input type="text"/>			Nationality & ID No. 国籍和证件号码	<input type="text"/>	

Present Permanent Residential Address 现永久居住地址

Please provide a correspondence address, if it is not the same as your Present Permanent Residential Address.

如果您的联系地址不同于现永久居住地址, 请提供具体细节。

Correspondence Address 联系地址

Reason for difference with Present Permanent Residential Address

银行账单 Statement

请邮寄我处 Send to me/us 暂存贵行 Keep in your Bank(Hold-Mail) 

\*Contact Details 联系方式

*Office Tel. No. 单位联系电话	<input type="text"/>	Home Tel/Fax. No. 家庭电话、传真	<input type="text"/>
Mobile 移动电话	<input type="text"/>	Email address 电邮地址	<input type="text"/>

Management of third-party funds:

#### Employment Details 职业资料

Employed full-time <input type="checkbox"/>	Embassy staff <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Restaurant Owner <input type="checkbox"/>
全日制雇员	使领馆工作人员	自雇	退休	餐饮业主
Full-time education <input type="checkbox"/>	Other (please specify)	<input type="text"/>		
全日制学生	其他 (请具体注明)			
Occupation 职业	<input type="text"/>	Position 职位	<input type="text"/>	
Name of Employer 工作单位名称:	<input type="text"/>			



中國銀行  
BANK OF CHINA

(卢森堡)有限公司布鲁塞尔分行  
(LUXEMBOURG) S.A. BRUSSELS BRANCH

Bank of China (Luxembourg) S.A., Brussels Branch  
Avenue Des Art 20, B – 1000 Brussels, Belgium  
Tel : +32 (0) 2 405 6688 Fax: +32 (0) 2 2302892

个人账号 Account Number: \_\_\_\_\_

Address of Employer

工作单位地址:

**Regular Income Level 收入状况**

Annual Salary income:

年工资收入

\*All other income

所有其他收入

Activity Scale

业务经营状况

Client's approximate net worth (in Euro)

Under 500,000

500,000 – 1m

1m – 5m

5m – 10m

over 10m

Reason for opening account

开户原因

Source of opening deposit

开户存款来源

\*Proof of source of income

收入证明文件

\*Evidence of Address

住址证明文件

Expected account activity:

Cash transaction

Wire transfers

Investments

Other (specify)

**Declaration and signature 声明与签字**

1. What is /are the service(s) you are looking for?

您/您需要银行提供何种服务?

Deposit

存款

Loan

贷款

Structured Product

结构性产品

Securities

证券

Derivatives

金融衍生产品

2. What is/are your investment objective(s)?

您/您的投资目标?

其它 Or specify:

Long term 长线

Medium Term 中线

Capital Growth 增值

Dividend Growth 股息收入

Secured 担保

Dynamic 动态

3. How would you qualify your experience of the financial markets?

您/您的金融市场投资经验?

NIL

无

1 to 5 years

1 到 5 年

5 to 10 years

5 到 10 年

>10 years

超过 10 年

4. Categorization of customer subscribing investment services as detailed in the G T C:

我/我们同意根据银行开户章程中客户分类标准确定我/我们的账户种类为:

零售客户 Retail Client

专业客户 Professional Client

5. Are you a US tax payer according to the US tax regulations?

您/您们是否为美国纳税人?

Yes

是

No

否

6. Are you or have you or does a close relative(s) exercise a mandate?

您/您们或者您/您们的亲属中有无社会公众人物?

No

不是

If Yes: Public

如果是: 公众人物

Electoral

参选人

7. Do you want to give a Power of Attorney Application to a designated person to act on behalf of the account? Yes  No

您/您们是否需要授权指定有关人士以您/您们的账户名义办理银行交易?

是

否



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8. You declare that you are the sole economical beneficiary of this account.  
兹声明您/您们是此账户的实际受益人。

Yes  No   
是 否

9. You confirm that all the information given on this form is true and complete. Acknowledge to have read and agree with the General Terms and Conditions as well as the risk disclosure provided by the bank.  
您/您们确认本表格中所提供的信息真实、完整，已阅读并接受《开户合约》中所有条款，同时确认已经完全了解银行风险披露声明涉及的所有内容。

10. Do you want to sign a *Facsimile & Email Indemnity Form* application to authorize transaction by Fax or Email?  
您/您们是否需要通过传真或者电子邮件办理有关银行业务？

Yes  No   
是 否

11. Do you need telephone confirmation from bank to verify your FAX or Email instruction?  
您/您们是否需要银行对传真或者电子邮件指令进行电话回复确认？

Yes  No   
是 否

12. Instructions of signature(s) below will be effective by  
账户印鉴使用说明：

Any one  Both two   
单签有效 双签有效

Signature of the account holder

账户持有人预留签字样式

Date and name of the first account holder (第一账户持有人正楷签名及日期)

Date and name of the second account holder (第二账户持有人正楷签名及日期)

**For Bank use only 银行专用：**

客户账号：Client' s A/C No \_\_\_\_\_

If there is a positive match with the blacklist in BOC2000 Yes  No

Please contact Compliance for any positive match.

是否同意开立此账户(如拒绝, 需注明原因) Approval to open the account, or if not, the reason:

经办员 MADE BY

负责人 Authorized Signature

日期 Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_