



Anti-Money Laundering Questionnaire

Please complete in BLOCK LETTERS.

<u>Name of Company ("the Company")</u>	<u>License No. & Name of Regulator</u>	<u>License Type(s):</u>

If your answer is "No" to any question, explanation must be supplied at the end of this Questionnaire:

1. General AML Policies and Procedures	Yes	No
1.1 Has the Company developed written policies and procedures covering the AML/CTF framework in line with the regulations required by the SFC or the international standard of the Financial Action Task Force (FATF)?	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Does the Company have a designated Compliance officer or senior responsible officer who is responsible for overseeing, monitoring and assessing the AML/CTF policies and procedures on a regular basis to ensure it is in compliance with any new changes in laws and regulations that are applicable to the business conducted by the Company?	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Are the Company's AML/CTF policies covering the procedures for handling the relationship with high risk categories such as Politically Exposed Persons(PEP), investors from high risk jurisdictions, shell banks that have no physical presence and unaffiliated with a regulated financial group, etc?	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Have the Company's AML/CTF policies included the procedures to monitor and recognize the suspicious transactions conducted by its underlying clients through any of its accounts or products on an ongoing basis, as well as the procedure to report such transactions to the relevant regulator or enforcement authority such as the Joint Financial Intelligence Unit (JFIU)?	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Does the Company have policies for the record retention requirements of Know Your Client documentations and client transactions which comply with the applicable AML/CTF laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Does the Company conduct regular AML/CTF training to the staff, including the sales representatives, and ensure they are aware of the updated AML/CTF requirements that adhere to the laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>

2. Know Your Client (KYC) Policies	Yes	No
2.1 Does the Company perform any name screening of new and existing clients and staff against any PEP/HRC/US Sanction/Terrorist list(s), as announced regularly by SFC or other data providers/relevant regulators, e.g. Factiva, World Wide Check, KYC360, Thomson Reuters Screening Online, Office of Foreign Assets Control (OFAC) Sanction list?	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Does the Company have procedures in place to identify and verify the identity of its underlying clients, including the ultimate beneficial owner(s), by obtaining the relevant identification documents including the national ID/passport, residential address proof, and for corporate clients the Certificate of Incorporation, M&A, Company Search report, identification documents of the authorized person(s) who is purporting to act on behalf	<input type="checkbox"/>	<input type="checkbox"/>

of the account?		
2.3 Does the Company implement enhanced Customer Due Diligence procedures with a risk-based approach (e.g. For clients opening account via non-face-to-face means, require the certification of KYC documents by professional certifier; and require additional KYC document for corporate client with complicated shareholding structure)?	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Does the Company assess the underlying clients with a risk-based approach by considering the Country risk where the client is domiciled and the Customer risk (e.g. employment status and nature of business), and implement a risk classification for performing ongoing Customer Due Diligence review and monitoring?	<input type="checkbox"/>	<input type="checkbox"/>

3. Transaction Monitoring	Yes	No
3.1 Does the Company have procedures in place to identify the source of funds for the transactions conducted for its underlying clients to ensure such funds are originated from the legitimate source that is not linked to money laundering and terrorist financing activities?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Does the Company have procedures in place to ensure the underlying clients investing into the relevant securities are not from the jurisdictions (e.g. US and UK) prohibited by the relevant Securities, Product Issuers or Fund Managers?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Has the Company identified or reported any suspicious transaction(s) in the past 3 years to any regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>

4. Client Asset Protection	Yes	No
4.1 Does the Company have the relevant license or registration capability to hold the client money and securities on behalf on the clients?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Does the Company adopt the proper segregation of client assets from its house asset in accordance with the relevant laws and regulations, which include maintaining the client assets in the designated client trust account?	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Does the Company have procedure to block any transfer of client assets to 3 rd party, or if such transfer is allowed, to perform additional checking to ensure the transfer is not linked to any money laundering activities or unauthorized instructions by clients?	<input type="checkbox"/>	<input type="checkbox"/>

5. Transaction Suitability	Yes	No
5.1 Does the Company have procedures to ensure the securities transactions executed on behalf of the underlying clients are suitable and matched with the relevant client's personal circumstances in the principle of for the best interests of the clients?	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Does the Company retain the record of the rationale of investment recommendation/advice made the underlying clients, and maintain such record in accordance with the relevant regulations that are applicable to the Company?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
5.3 Does the Company conduct regular product trainings to the sales representatives to ensure they are competent and acquired with the necessary understanding in the products that they are advising or recommending to the underlying clients?	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Has the Company established the Product Due Diligence procedures to assess the product risks and features of the securities that are executed on behalf for the underlying clients?	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Does the Company have intention to trade in unauthorized securities through the investment account(s) held in iFAST for the underlying clients? (if No, please proceed to section 6)	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Does the Company have control or check to ensure the unauthorized securities are only offered to the eligible clients (e.g. Professional Investors) or such offering is not in breach of the applicable laws?	<input type="checkbox"/>	<input type="checkbox"/>
5.7 Does the Company perform assessment on the client's investment experience, knowledge and expertise, and obtain the relevant asset proof before classifying a client as a Professional Investor?	<input type="checkbox"/>	<input type="checkbox"/>

6. Discretionary Account	Yes	No
6.1 Does the Company offer discretionary asset or portfolio management services to the underlying clients? (If No, please proceed to section 7)	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Is the opening of discretionary account with clients subject to the senior management approval of the Company?	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Does the Company have policies to ensure the proper supervision of the operation of the discretionary account to avoid any misuse of client money or unauthorized transaction?	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Does the Company have procedures in place to confirm with the underlying clients at least on an annual basis to ensure the continuous delegation of the discretionary authority on the accounts?	<input type="checkbox"/>	<input type="checkbox"/>

7. Legal & Disciplinary Record	Yes	No
7.1 Has the company been subject to any regulatory/criminal enforcement actions, investigation, inspection or examination by SFC, HKMA, MPFA or other regulatory bodies in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Has your company been subject to any investigation, indictment, conviction in relation to terrorists financing or money laundry in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

8. Foreign Account Tax Compliance Act (FATCA)	Yes	No
8.1 Has the Company registered with the Internal Revenue Service (IRS) of the United States for the compliance of FATCA requirements? If no, please explain the reason below and provide the anticipated date for the said registration? _____	<input type="checkbox"/>	<input type="checkbox"/>

8.2 Have the Company's Customer Due Diligence procedures incorporated with the FATCA requirements (i.e. identify and classify the client taking into account the US indicia)?	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Has the Company established the procedures for the FATCA withholding and reporting requirements? Please provide a copy of the procedure.	<input type="checkbox"/>	<input type="checkbox"/>
8.4 Does the Company have the procedures to obtain the underlying clients' consent for reporting their personal information to the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
8.5 Has the Company established the ongoing Customer Due Diligence screening in accordance with the FATCA requirements? Please provide a copy of the procedure.	<input type="checkbox"/>	<input type="checkbox"/>

Space For Additional Clarification and Explanation

If your answer is "No" to any question above, explanation must be supplied below:

Signature		
Name of Person filling this DDQ	Designation	Designated Company Stamp
Signature x	Date	

INTERNAL ASSESSMENT BY IFAST

Assessed by Compliance Department	<input type="checkbox"/> Pass	<input type="checkbox"/> Do not pass
Name of Compliance Officer Date (dd/mm/yyyy): Signature x		