

How to invest in *i Capital China Fund?*

Step 1 - Read the Explanatory Memorandum & Product Key Fact Sheet

**The form can be downloaded from our website www.capitaldynamics.hk under “i Capital China Fund” section and click on “Fund Documents”.

Step 2 - Complete the account opening pack

There are 5 forms must complete by you.

- (1) Master Account Opening Form
- (2) CRS Tax Residency Self-Certification Form
- (3) Investor Profile Questionnaire Form
- (4) IRS Form W-8BEN from www.irs.gov
- (5) Risk Disclosure Statements

All documents are available in English and Chinese except item (4)

(1) Master Account Opening Form



For SFC-authorised Funds
僅供香港證監會認可基金使用

MASTER ACCOUNT OPENING FORM ("FORM")
總開戶表格 ("表格")

(INDIVIDUAL INVESTOR)
(個人投資者)

PLEASE RETURN THIS FORM AND ALL REQUIRED DOCUMENTS VIA
POST ONLY TO:

請將本表格郵及適當文件寄回：

(EMAIL AND FAX ARE NOT ACCEPTED) (不接受電郵及傳真)

Capital Dynamics Asset Management (HK) Private Limited

資威資產管理（香港）有限公司

Suite 701, 7th Floor, Chinachem Leighton Plaza, 29 Leighton Road, Causeway Bay, Hong Kong
香港銅鑼灣禮頓道29號華懋禮頓廣場7樓701室

Investment Fund Services Hotline : (852) 21531455

投資基金服務熱線

Website 網址: www.capitaldynamics.hk



Master Account Opening Form (for Individual Investor):

1. REGISTRATION DETAILS 登記資料 (Please read (6) – Declaration / Notes 請細閱(6) 聲明 / 附註)

1.1 INDIVIDUAL INVESTOR 個人投資者

Single Account
單名賬戶

Joint Account (Maximum 2 joint account holders. Each account only submits one Form together with the relevant supporting documents for each account holder)
聯名賬戶 (最多兩名聯名賬戶持有人。每個賬戶只須提交一份本表格及每名賬戶持有人的相關證明文件)

Name of Main Applicant
主要申請人姓名

Name of Joint A/C Holder
聯名賬戶持有人姓名

Note 附註:

For Joint Account, the main applicant will be regarded as a contact person.

如屬聯名賬戶，主要申請人將被視為聯絡人。

- Choose whether Individual or Joint Account
- Maximum of TWO joint applicants
- Minimum age is 18 years old
- US person is NOT allowed

Note: For Joint Account, remittance of funds must be transferred from a joint bank account

Account Details

**Please indicate N/A for fields that are not applicable to you.

Title 稱謂	Mr 先生 Ms 小姐	Full Name in English 英文姓名	TAN AH MING		Full Name in Chinese 中文姓名	陈亚明
ID / Passport No. 身份證 / 護照號碼 A12345678		Country of Issue 簽發國家	MALAYSIA		Citizenship / Residence 公民身份/許可永久居住	MALAYSIAN
Date of Birth 出生日期 15-10-1999		City and Country of Birth 出生城市和國家	SELANGOR, MALAYSIA		Nationality 國籍	MALAYSIAN
Home Tel. No. (include Country Code) 電話號碼(包括國家代碼) (60) 3 2070 2104			Fax No. (include Country Code) 傳真號碼(包括國家代碼) (60) 3 2070 2103			
Occupation 職業 FUND MANAGER		Name of Employer/Company 僱主/公司名稱 CAPITAL DYNAMICS SDN BHD			Years spent in the occupation 在職年期 30 YEARS	
E-mail Address 電郵地址 enquiries@capitaldynamics.hk			Mobile Tel. No. (include Country Code) 手提電話(包括國家代碼) (60) 123456789			
Residential Address 住址 16 TH FLOOR, PLAZA FIRST NATIONWIDE, 161 JALAN TUN H S LEE, KUALA LUMPUR						
Country 國家	Malaysia	Postal code 郵編	50000			
Permanent Address (if different from the above) 永久地址(如與上述不同)						
For retiree, please fill in the latest occupation details before retirement.						
Country 國家		Postal code 郵編				

Account authority for operation

Permanent Address (if different from the above)
永久地址 (如與上述不同)

Country
國家

Postal code
郵編

Are you the only person with authority to operate
this Account?
閣下是否唯一獲授權營運此賬戶的人士?

For Joint Account
(to choose only main
applicant/either one/both

to have the authority to
operate the account)

For Single Account

<input type="checkbox"/> Yes 是 <input type="checkbox"/> No, both the main applicant and the joint account holder below have the authority to operate this Account. 否, 主要申請人及以下聯名賬戶持有人均獲授權營運此賬戶	<input type="checkbox"/> No, either the main applicant or the joint account holder below has the authority to operate this Account. 否, 主要申請人或以下聯名賬戶持有人獲授權營運此賬戶
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Source of funds for Investment

1.1.2 ADDITIONAL INFORMATION 額外資料

Tick the appropriate box(es)!!

Investor must also provide the following information by completing the fields below.
投資者亦須填寫以下各項以提供所需資料。

(a) Information on source of funds for investment (can tick more than one)
用作投資的資金來源資料 (可以剔選多個)

Main Applicant 主要申請人	Joint Account Holder (if applicable) 聯名賬戶持有人 (如適用)
<input type="checkbox"/> Salary / Commissions 薪金 / 佣金 <input type="checkbox"/> Savings 儲蓄 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Rental income 租金 <input type="checkbox"/> Sale of assets 出售資產 Type of assets sold 出售資產類別 <hr/> <input type="checkbox"/> Investment income/Sale of Investments 投資收入或 投資收益 <input type="checkbox"/> Lottery/betting win 彩票/博彩之收益 <input type="checkbox"/> Others, please specify 其他, 請註明 <hr/> <hr/>	<input type="checkbox"/> Salary / Commissions 薪金 / 佣金 <input type="checkbox"/> Savings 儲蓄 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Rental income 租金 <input type="checkbox"/> Sale of assets 出售資產 Type of assets sold 出售資產類別 <hr/> <input type="checkbox"/> Investment income/Sale of Investments 投資收入或 投資收益 <input type="checkbox"/> Lottery/betting win 彩票/博彩之收益 <input type="checkbox"/> Others, please specify 其他, 請註明 <hr/> <hr/>

(b) Are you an employee of a Securities & Futures Commission of HKSAR ("SFC") licensee?
閣下是否受僱於香港特別行政區證券及期貨事務監察委員會（「證監會」）發牌之持牌機構？

Main Applicant 主要申請人	Joint Account Holder (if applicable) 聯名賬戶持有人 (如適用)
<input type="checkbox"/> No 否 <input type="checkbox"/> Yes; you are required to provide a letter of consent from your current employer to agree on this account application. No application will be accepted until the provision of the aforesaid documentation is provided. 是：閣下必須提交由現有僱主簽發此開戶申請的同意書。若未能提交有關文件，申請將不獲接納。	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes; you are required to provide a letter of consent from your current employer to agree on this account application. No application will be accepted until the provision of the aforesaid documentation is provided. 是：閣下必須提交由現有僱主簽發此開戶申請的同意書。若未能提交有關文件，申請將不獲接納。

(c) Are you related* to any employee or director of Capital Dynamics Asset Management (HK) Private Limited?

*related – immediate family members: spouse, children, parents.

閣下是否與資威資產管理（香港）有限公司的僱員或董事有任何關係*？

關係* – 直屬親屬：配偶、子女、父母

Main Applicant 主要申請人	Joint Account Holder (if applicable) 聯名賬戶持有人 (如適用)
<input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please specify the following information and provide a written consent from Compliance Department of Capital Dynamics Asset Management (Hong Kong) Limited in supporting of the application of account opening. 是：閣下請註明以下資料並提交由資威資產管理（香港）有限公司合規部簽發以支持此開戶申請的書面同意書。 Name of the employee/director 僱員/董事姓名： Relationship 與僱員/董事之關係： _____	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please specify the following information and provide a written consent from Compliance Department of Capital Dynamics Asset Management (Hong Kong) Limited in supporting of the application of account opening. 是：閣下請註明以下資料並提交由資威資產管理（香港）有限公司合規部簽發以支持此開戶申請的書面同意書。 Name of the employee/director 僱員/董事姓名： Relationship 與僱員/董事之關係： _____

Tick the appropriate box!!

Way to receive your correspondence from us:

By E-mail (suggested way) or By Post

2. CORRESPONDENCE FROM THE MANAGER

管理人通訊方式

Please indicate below how you would like to receive the correspondence (e.g. Contract Notes, Financial Reports, Notices) from the Manager or the Registrar:

請於以下指明閣下希望從管理人或過戶登記處收取通訊的方式（例如合約、財務報告、通告）：

Channel of Account Statement Collection 帳戶結單收取方式	<input type="checkbox"/> By Post 郵寄方式 <input type="checkbox"/> By E-mail 電郵方式	<p>Please choose <u>ONE</u> correspondence method only</p> <p>←</p>
Mailing Address 郵寄地址		Country 國家 (required only if different from the Registered/Permanent address 如與註冊 / 永久地址不同才須填寫)

SIGNATURE

ALL JOINT APPLICANTS MUST SIGN THIS FORM.

所有聯名申請人必須簽署本表格。

IF THIS FORM CANNOT BE SIGNED BY THE APPLICANT IN THE PRESENCE OF A REPRESENTATIVE OF THE
MANAGER, IT MAY BE SIGNED IN THE PRESENCE OF A SPECIFIED PERSON IN SECTION 7 BELOW
若申請人未能在基金管理人代表見證本表格，則可在下文第7部分的指定人士見證下簽署。

For Main applicant's signature

Signature 簽署:

Name 姓名

Date 日期:

**For Joint account applicant's
signature (if any)**

Signature 簽署:

Name 姓名

Date 日期:

**Please sign in
the presence
of our staff**

If this form cannot be signed by the applicant in the presence of a representative of the manager, it may be signed in the presence of a specified person in section 7 aka third party certification.

Third Party Certification

*If you are not able to visit our offices you can mail in your application.

However, you need to obtain third party certification as part of our Know Your Customer process.

7. Third Party Certification 第三方證明:

THIS SECTION MUST BE COMPLETED FOR MAIL IN APPLICATION.

對於郵寄申請表格，必須填寫本部分。

I certify that the applicant(s) has/have signed or executed this Form in my presence AND that I have seen the original documentation required of the applicant(s) and have certified by signing on copies of these documents which are enclosed with this Form.

本人謹此證明，申請人已在本人見證下簽署或簽立本表格，且本人已查閱申請人必須提供的正本文件，並已通過簽署本表格隨附的該等文件副本加以證明。

Certified this _____ day of _____. 簽署於 _____ 年 _____ 日，特此證明。

Name
姓名：

Signature (and company chop/seal) of certifier
證明人簽署（加企業蓋/印鑑）：

Position
職位：

Company
公司：

Licence / Registration number (if applicable)

Address 地址：

註冊編號（如適用）：

Contact number
聯絡電話號碼：

(Note) Signing can be witnessed by any Hong Kong SFC licensed or registered person or a licensed individual of a financial institution which is an affiliate of CDHK and is regulated in a FATF member country, a Justice of the Peace, a branch manager of a bank in a FATF member country, Hong Kong practicing certified public accountant, lawyer in a FATF member country or notary public in a FATF member country.

(附註) 簽署可由任何香港證監會持牌人或註冊人或屬資本市場及交易公司並受FATF成員國監管的金融機構之持牌個人、太平紳士、FATF成員國的銀行分行經理、香港執業註冊會計師、FATF成員國的律師或FATF成員國的公證人見證。

Who can certify?

Third party certifier (one of the followings):

- i. Licensed individual from Capital Dynamics KL, SG & AUS
- ii. Justice of the Peace
- iii. Hong Kong certified public accountant
- iv. Branch manager of a bank in a FATF member country
- v. Lawyer in a FATF member country
- vi. Notary public in a FATF member country

**FATF member country includes Australia, Canada, China, Hong Kong, Malaysia, Singapore, UK and etc.

For complete list, please visit <http://www.fatf-gafi.org/countries/#FATF>

Provision of CTC Documents

(1) IC **AND** a valid passport/driving license with photograph; and

(2) address proof in English/Chinese is acceptable e.g. Residential address and permanent address (not required if both are the same) as indicated in utility bill or bank statement issued within the last 3 months. If your address is the same as your IC/driving license, there is no need to submit additional address proof.

Note: If it is in any other language, please provide a certified translation

(2) CRS Tax Residency Self Certification Form

What is CRS?

- Automatic exchange of tax and financial information between countries imposed by G20 countries.

Note: For Joint Account, each applicant needs to fill up separately

CRS Tax Residency Self-Certification Form:



Tax Residency Self-Certification Form (Individual) **稅務居民自我證明表格（個人）**

PLEASE RETURN THIS FORM VIA POST ONLY TO 請將本表格郵寄回：

(EMAIL AND FAX ARE NOT ACCEPTED) (不接受電郵及傳真)

To : Capital Dynamics Asset Management (HK) Private Limited (**Firm or us**)
致 資威資產管理（香港）有限公司（**本公司或我們**）

Suite 701, 7th Floor, Chinachem Leighton Plaza, 29 Leighton Road, Causeway Bay, Hong Kong
香港銅鑼灣禮頓道 29 號華懋禮頓廣場 7 樓 701 室

Ref No (For internal use only) :

參考編號（內部使用）

Please read these notes before completing the form.

請在填寫本表格前細閱以下提示。

This is a self-certification form provided by you to us as a reporting financial institution for complying with the Common Reporting Standards for automatic exchange of financial account information.

這是由閣下向我們（作為申報金融機構）提供的自我證明表格，以作符合共同匯報標準的自動交換財務賬戶資料用途。

You can find out the meaning of terms and expressions used in this form in the Annex to this form and you can also refer to the website of the Inland Revenue Department in connection with other terms at:

有關本表格內採用的名詞及措辭釋義載列於本表格的附件，閣下亦可參閱稅務局網頁以了解其他名詞的釋義：

http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm

You can find further details at the following websites:

閣下可瀏覽以下網頁獲取更多資訊：

- Global Forum on Transparency and Exchange of Information for Tax Purposes of the Organization for Economic Co-operation and Development at:

經濟合作與發展組織的稅務透明化及資料交換全球論壇：

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

The data collected may be transmitted by us to the Inland Revenue Department for transfer to the tax authority of another jurisdiction which has signed a mutual agreement with Hong Kong from time to time, for exchange of financial account information relating to tax residency. 我們可把收集所得的資料交給稅務局，稅務局會將資料轉交到與香港不時簽訂雙方協議的另一司法管轄區的稅務當局，以便交換有關稅務居民的財務賬戶資料。

If you have any questions relating to tax, please contact your tax adviser or local tax authority.

如對稅務問題有任何疑問，請聯絡閣下的稅務顧問或當地稅務當局。

You should report all changes in your tax residency status to us.

如閣下的稅務居民身份有所改變，應盡快將所有變更通知我們。

All parts of this Form must be completed (unless not applicable or otherwise specified). If a space provided is insufficient, continue on additional sheet(s). Information in fields / parts marked with an asterisk (*) are required to be reported by us to the Inland Revenue Department.

除不適用或特別註明外，必須填寫本表格的所有部分。如表格上的空位不足，可另紙填寫。標有星號 (*) 的欄目 / 部分代表我們須向稅務局申報的資料。

Tax Residency Self-Certification Form (Individual)

稅務居民自我證明表格（個人）

Please complete Parts 1 to 3.

請填寫第 1 至 3 部分。

Part 1

第 1 部分

Example

Identification of Individual Account Holder

個人賬戶持有人的身份識別資料

(For joint / multiple account holders, complete a separate form for each individual account holder.)

(如屬聯名 / 多人聯名賬戶持有人，每名個人賬戶持有人須分別填寫一份表格。)

(1) Name of Account Holder 賬戶持有人姓名

Title (e.g. Mr, Ms, Miss) 稱謂（例如：先生、女士、小姐）

Mr

Last Name or Surname 姓氏*

TAN

First or Given Name 名字*

AH MING

Middle Name(s) 中間名

(2) Hong Kong Identity Card or Passport Number 香港身份證或護照號碼

910102-10-8881

(Depending on the ID that you are submitting together with the application)

(3) Current Residential Address 現時住址

Line 1 (e.g. Suite, Floor, Building, Street, District)
第1行 (例如: 室、樓層、大廈、街道、地區)

Line 2 (City)*

第2行 (城市)*

Line 3 (e.g. Province, State)

第3行 (例如: 省、州)

Country*

國家*

Post Code / ZIP Code

郵政編碼 / 郵遞區號碼

161, Jalan Tun H S Lee

Kuala Lumpur

Malaysia

50000

(4) Mailing Address (complete if different to the current residential address)

通訊地址 (如通訊地址與現時住址不同, 填寫此欄)

Line 1 (e.g. Suite, Floor, Building, Street, District)

第1行 (例如: 室、樓層、大廈、街道、地區)

Line 2 (City)

第2行 (城市)

Line 3 (e.g. Province, State)

第3行 (例如: 省、州)

Country

國家

Post Code / ZIP Code

郵政編碼 / 郵遞區號碼

(If different from the above)

(5) Date of Birth 出生日期*

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

INDEPENDENCE
INTELLIGENCE
INTEGRITY

Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (TIN)* 居留司法管轄區及納稅人識別編號或具有等同功能的識別編號（「稅務編號」）*

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the account holder is a resident for tax purposes and (b) the account holder's TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence.
提供以下資料，列明（a）帳戶持有人的居留司法管轄區，亦即帳戶持有人作為稅務居民的司法管轄區（香港包括在內）及（b）該居留司法管轄區發給帳戶持有人的稅務編號。列出所有（不限於 5 個）居留司法管轄區。

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number. If a TIN is unavailable, provide the appropriate reason A, B or C:

如帳戶持有人是香港稅務居民，稅務編號是其香港身份證號碼。如沒有提供稅務編號，必須填寫合適的理由 A、B 或 C：

Reason A -
理由 A

The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.
帳戶持有人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason B -
理由 B

The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason
帳戶持有人不能取得稅務編號。如選取這一理由，解釋帳戶持有人不能取得稅務編號的原因。

Reason C -
理由 C

TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.
帳戶持有人毋須提供稅務編號。只有居留司法管轄區的主管機關不需要帳戶持有人披露稅務編號，才可選取這一理由。

Eg:

Jurisdiction of Residence 居留司法管轄區		TIN 稅務編號	Enter Reason A, B or C if TIN not available 如沒有提供稅務編號，填寫理由A、B或C
(1)	Malaysia	SG12345678	
(2)			Fill in all TIN No. if you have more than 1
(3)			
(4)			
(5)			

Please explain why the account holder is unable to obtain a TIN if you have selection Reason B above.

如選取理由 B，請解釋賬戶持有人不能取得稅務編號的原因。

(1)	Note: If you do not have a TIN number, please enter the Reason and explain
(2)	
(3)	
(4)	
(5)	

Declaration and Signature

聲明及簽署

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by CDHK for the purpose of automatic exchange of financial account information, and (b) such information and information regarding myself and any reportable account(s) may be reported by CDHK to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which I may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).
本人知悉及同意，資威香港可根據《稅務條例》（第 112 章）有關交換財務賬戶資料的法律條文，(a) 收集本表格所載資料並可備存作自動交換財務賬戶資料用途；及 (b) 把該等資料和關於本人及任何須申報賬戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到本人作為稅務居民的一個或多個司法管轄區的稅務當局。

I certify that I am the account holder / I am authorized to sign for the account holder[#] of all the account(s) to which this form relates.
本人證明，就與本表格有關的所有賬戶而言，本人是賬戶持有人 / 本人獲賬戶持有人授權簽署本表格#。

(#Please delete as appropriate.)

(#請刪除不適用者。)

I undertake to advise CDHK of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide CDHK with a suitably updated self-certification form within 30 days of such change in circumstances.

本人承諾，如情況有所改變，以致影響本表格第 1 部分所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知資威香港，並會在情況發生改變後 30 日內，向資威香港提交一份已適當更新的自我證明表格。

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.
本人聲明就本人所知及所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

Signature 簽署：

Applicant's signature

Print name 正楷姓名：

Applicant's full name

Date 日期：

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney

如閣下不是第 1 部分所述的個人，請註明閣下的身份。若閣下是根據授權書簽署這份表格，須夾附該授權書的經核證副本。

Capacity 身份：

(3) W-8BEN form

Purpose:

To confirm that you are **NOT** a US tax payer.

Note: For Joint Account, each applicant needs to fill up separately

W-8BEN form:

Form **W-8BEN**

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

• You are NOT an individual	Instead, use Form: W-8BEN-E
• You are a U.S. citizen or other U.S. person, including a resident alien individual	W-9
• You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services)	W-8ECI
• You are a beneficial owner who is receiving compensation for personal services performed in the United States	8233 or W-4
• You are a person acting as an intermediary	W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Fill in: 1, 2, 3, 4, 6, 8

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner

2 Country of citizenship

3 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address.**

City or town, state or province. Include postal code where appropriate.

Country

4 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)

6 Foreign tax identifying number (see instructions)

Income Tax No.

7 Reference number(s) (see instructions)

8 Date of birth (MM-DD-YYYY) (see instructions)

10-15-1999

Part II Claim of Tax Treaty Benefits

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions) _____ is claiming the provisions of Article and paragraph _____% rate of withholding on (specify type of income): _____
Explain the additional conditions in the Article and paragraph _____% rate of withholding: _____

NOT APPLICABLE

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here

10-21-2017

Date (MM-DD-YYYY)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form W-8BEN (Rev. 7-2017)

Applicant's full name

(4) Risk Disclosure Statements

- Standard risk disclosure required by the SFC for using the services of CDHK.
- Investor have to read and ask questions on the Risk Disclosure Statements.

Note: For Joint Account, statement will be issued separately

Confirm by signing your name, writing down your full name, IC number and the date (Page 2)

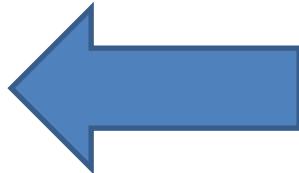
DECLARATION BY INVESTOR 投資者的聲明

To: Capital Dynamics Asset Management (HK) Private Limited
致：資威資產管理（香港）有限公司

I hereby acknowledge receipt of the Risk Disclosure Statements that have been provided and explained to me by a licensed representative of Capital Dynamics Asset Management (HK) Private Limited. I hereby declare that I have read and fully understood the risks disclosed.

茲確認本人已收到資威資產管理（香港）有限公司提供的《風險披露》，並已由該公司的一名持牌代表人向本人做出相應解釋。特此聲明本人已經閱讀並完全理解了已披露的風險。

Name of Investor 投資者姓名：
Identity Document no 證件編號：
Date 日期：



(5) Investor Profile Questionnaire

Purpose: Required by the SFC to determine the **suitability** of a fund for retail investors.

We together with you need to assess your **risk appetite** after taking into consideration your financial knowledge, investment horizon, financial situation, etc.

Note: For Joint Account, each applicant needs to fill up separately

Investor Profile Questionnaire:

Capital Dynamics Asset Management (HK) Private Limited
(CDHK)
資威資產管理（香港）有限公司（「資威香港」）

INVESTOR PROFILE QUESTIONNAIRE (INDIVIDUAL) 投資者類型問卷（個人）

Please
fill in all
fields

Please complete all details below.
請詳細填寫以下各項。

A Section A - Individual personal details (to be completed by single and joint investors)
A 部分 - 個人資料 (由個人及聯名投資者填寫)

1. Full name(s) 名字

2. Identity Card / Passport no
身份證 / 護照號碼

(Depending on the ID that you are submitting together with the application)

3. Age 年齡

18 to 40
18 至 40 歲

41 to 55
41 至 55 歲

56 to 64
56 至 64 歲

Above 65
65 歲以上

Above 75
75 歲以上

Investor Profile Questionnaire:

For Section B:
Please choose ONE
Answer Only

B Section B - Risk profiling analysis
B 部分 - 風險類型分析

(i) Financial situation 財務狀況

14. What is your annual total income (in HK dollars)? 您的年度總收入 (港元) 有多少?

For internal use only 僅供內部使用

<input type="checkbox"/> Below 250,000 250,000 以下	1
<input type="checkbox"/> 250,001 to 500,000 250,001 至 500,000	2
<input type="checkbox"/> 500,001 to 800,000 500,001 至 800,000	3
<input type="checkbox"/> 800,001 to 1,000,000 800,001 至 1,000,000	4
<input type="checkbox"/> Over 1,000,000 100 萬以上	5

15. What percentage of your annual income is available for investment? 您的年度收入有多少百分比可用作投資?

<input type="checkbox"/> 0% to 10% 0%至 10%	1
<input type="checkbox"/> 11% to 20% 11%至 20%	2
<input type="checkbox"/> 21% to 30% 21%至 30%	3
<input type="checkbox"/> 31% to 40% 31%至 40%	4
<input type="checkbox"/> Over 40% 40%以上	5

(ii) Investment experience and objectives 投資經驗及目標

16. How many years of investment experience do you have? 您有多少年投資經驗?

<input type="checkbox"/> None, we have never made any investments in financial markets 沒有 我們從未在金融市場作出任何投資	1
---	---

22. Have you ever invested in any of the following investment types? If yes, what is / was the average investment amount and years held to date? (For additional information; no score allocated.)
您曾否投資於以下任何投資類別？如有，請註明平均投資金額及持有年期。（僅作補充資料；不會給予評分。）

Types 類型

Average value

(in HK\$)
平均價值
(港元)

Years 年期

HK listed securities /
exchange traded funds
香港上市證券 / 交易所買賣基金

Overseas listed
securities 海外上市證券

Note: Any securities listed outside HK is considered as overseas listed securities.

Private equity funds
私募基金

Hedge funds 對沖基金

Equity funds 股票基金

Fixed income funds
固定收益基金

Risk Tolerance Level

Fill up by CDHK staff

In general, a score which falls into the following range would indicate the following risk tolerance level.
一般來說，評分所屬區間即反映您屬於以下哪個風險承受能力水平。

[Score guide 評分指引

Your total score 您的總分

--	--

Your risk tolerance level 您的風險承受能力水平

8 to 20
8 至 20

Low (Your primary objective is to preserve your capital and you expect interest income in order to be in line with short-term money market rates. You do not accept moderate or high risk products.)

低 (您的主要目標是保本，您預期可賺取與短期貨幣市場利率相若的利息收入。您不接受中等至高風險的產品。)

21 to 30
21 至 30

Moderate (You seek a regular income of moderate returns and do not accept high risk products.)

中 (您希望以中等回報賺取定期收入，而且不接受高風險產品。)

31 or above
31 或以上

High] (You seek only high capital appreciation over the long term and can bear high risks and potential losses.)

高 (您只希望在長遠取得高資本增值，並可承受高風險及潛在虧損。)

To be signed
by CDHK
licensed staff

face-to-face

Declaration by licensed staff member of CDHK during face-to-face meeting with investors
資威香港持牌職員與投資者面談的聲明

- I have provided the Risk Disclosure Statements in a language of the investor's choice (English or Chinese).
- I have invited the client to read the Risk Disclosure Statements, ask questions and take independent advice if the client thinks it is necessary.
- 我已根據投資者的語言選擇提供相應版本的風險披露聲明（英文或中文）。
- 我已邀請客戶細閱風險披露聲明，並在其有需要時作出查詢及徵求獨立意見。

Full name of staff member
職員姓名

SFC CE number:
證監會中央編號：

Signature of staff member
職員簽署

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D D M M Y Y Y Y

Date 日期

To be signed
by applicant

face-to-face

IF THIS QUESTIONNAIRE CANNOT BE SIGNED BY THE INVESTOR IN THE PRESENCE OF A REPRESENTATIVE OF THE COMPANY, IT MAY BE SIGNED IN THE PRESENCE OF A SPECIFIED PERSON IN SECTION BELOW

若投資者未能在基金管理人代表見證本表格，則可在下文部分的指定人士見證下簽署

Full name of investor
投資者姓名

Signature of investor
投資者簽署

D D M M Y Y Y Y

Date 日期

To be signed by Third Party

Mail in

IF THIS QUESTIONNAIRE CANNOT BE SIGNED BY THE INVESTOR IN THE PRESENCE OF A REPRESENTATIVE OF THE COMPANY, IT MAY BE SIGNED IN THE PRESENCE OF A SPECIFIED PERSON (SEE NOTE) 若投資者未能在公司代表見證下簽署本問卷，則可在指定人士見證下簽署（見附註）

The undersigned person hereby confirms that they have sighted an appropriate original identification document of the investor and that the investor signed this document in his / her physical presence.

以下簽署人謹此確認其已就投資者的適當身份證明文件正本過目，而且投資者在其親身見證下簽署本文件。

Signed by:簽署人:

Witness full name 見證人姓名

Witness signature 見證人簽署

HKID card / passport no /
SFC CE no/ other registration
no 香港身份證 / 護照號碼 /
證監會中央編號 / 其它號碼

Witness address 見證人地址

D D M M Y Y Y

Date 日期

Witness occupation 見證人職業

INDEPENDENCE
INTELLIGENCE
INTEGRITY

Note: Applicants are required to sign next to the mistake/error that has been crossed out.

**To make sure the forms are completed correctly,
please email us the completed forms at
enquiries@capitaldynamics.hk for review before
mailing the original copy.**

Step 3: Make Payment & Provide Receipt

**Supporting letter for bank is available upon request.

The Account details are as follows 銀行賬戶資料如下:

By Telegraphic Transfer 透過電匯

For overseas subscription

Bank Account Name 銀行名稱	Bank Account Number 銀行賬戶號碼	Beneficiary Bank 收款銀行	Beneficiary Bank SWIFT Code 收款銀行 SWIFT 代號	Beneficiary Bank Address 收款銀行地址
BOCI-Prudential Trustee Limited - iCapital Master Fund	012-875-9-295472-6	BANK OF CHINA (HONG KONG) LTD, HONG KONG	BKCHHKHHXXX	Bank of China Tower, 1 Garden Road, Central, Hong Kong

By RTGS CHATS 透過 RTGS CHATS

Correspondent Bank 往來銀行	Bank Account Name 銀行名稱	Bank Account Number 銀行賬戶號碼	SWIFT Code SWIFT 代號
BANK OF CHINA (HONG KONG) LTD	BOCI-Prudential Trustee Limited - iCapital Master Fund	012-875-9-295472-6	BKCHHKHHXXX

If you have a bank account opened in Hong Kong



- Once you remitted the money, please send us the transfer receipt by email or in person.
- When you performing your TT, please make sure the TT applicant's name in the TT form is exactly the same as the name of the bank account.
- For joint applicants, the payment must be remitted from a bank account that contains the names of both investors.

First Subscription

Example

**After you have done your payment, go back to your master account opening form under Page 5 section 3 update the subscription amount as per your transfer receipt.

3. FIRST SUBSCRIPTION首次認購

Name of Fund(s) 基金名稱	Currency 貨幣	Subscription Amount 認購金額
i Capital China Fund	USD	10,000

NOTE:

附註:

Please note that your first subscription application will be processed on the immediate dealing day after your master account is opened. The due diligence and master account opening process may take up to 4 weeks from the day your application is received.

請注意，閣下的首次認購申請將於開立總賬戶後第一個交易日處理。盡職審查及總開戶過程所需時間最長可能為收妥申請當天起計4星期。

The fund has a minimum investment of US\$1,000.

Please make sure the net amount you transfer after deducting the bank charges still remain above US\$1,000.

Payment Instruction

**After you have done your payment, go back to your master account opening form Page 6 section 4 update the subscription amount as per your transfer receipt.

4. Payment Instruction 付款指示

- All subscription money must originate from an account held by you and in the case of joint account, from an account held by the joint account holder and main applicant. No third party payments shall be permitted.
所有認購款項必須源自閣下持有的賬戶。不允許第三方付款。
- No cash or third party cheque payment will be accepted. We reserve the right not to process your instruction until receipt of the payment in cleared funds by us.
概不接受現金或第三方支票付款。在收到結算資金的付款之前，本公司保留權利不處理閣下的指示。
- Cheque has to be issued by a licensed bank in Hong Kong.
支票必須由香港持牌銀行發行
- For Cashier's Order/Bank draft, please instruct the bank to certify that the draft is issued upon the account holder's request at the back of the draft and submit source of payment.
如屬本票 / 銀行匯票，請指示銀行背面以核實匯票乃按賬戶持有人要求發出，並提交付款來源的證明文件。

I/We confirm that payment of the above subscription amount has been made by
本人 / 我們確認上述認購金額以下列方式支付

<input checked="" type="checkbox"/> 以電匯於	Telegraphic transfer for the sum Amount as stated in TT/Transfer receipt (Date 日期) 支款: Date of transfer
Transfer in USD ONLY, no conversion can be done by CDHK	
<input type="checkbox"/> RTGS CHATS	Amount 金額: _____ (Date 日期) 支款: _____
<input type="checkbox"/> Cheque Payment 支票付款	Cheque No. 支票號碼: _____

Step 4: Two methods of submitting your application

- 1. In person:** More straight forward, our representatives can assist you with the certification of the original documents and witnessing of your signature (**by appointment only)
- 2. Mail-in:** Get a third party to certify the original documents and witnessing of your signature

Checklist

- Complete the **Master Account Opening Form, Investor Profile Questionnaire & get witnessed by our licensed staff (either HK/KL office)**
- Read & sign the **Risk Disclosure Statements**
- Complete & sign the **W-8BEN form, CRS form**
- Documents: **CTC IC AND passport/driving license copies, CTC address proof copy**
- **Payment receipt**

Contact Details

Email: enquiries@capitaldynamics.hk

Capital Dynamics Asset Management (HK) Pte Ltd

Contact No. : +852 – 2153 1455

Address: Suite 701, 7th Floor, Chinachem Leighton Plaza,
29 Leighton Road, Causeway Bay, Hong Kong

Kuala Lumpur

Contact No. : 03 – 2070 2106 / 07

Address: 16th Floor, Plaza First Nationwide,
161, Jalan Tun H S Lee,
50000, Kuala Lumpur