

## NEW CLIENT APPROVAL QUESTIONNAIRE

The purpose of this form is to provide information to Gemini Insurance Brokers (HK) Limited to enable it to assess the suitability of a business partner wishing to do business with it. This is in line with regulatory requirements and good business practice.

The information is solely for Gemini Insurance Brokers (HK) Limited internal purposes and will not be forwarded to any other unrelated parties. The answers given by the applicant must be accurate as at the date of completion, and not misleading.

Gemini Insurance Brokers (HK) Limited will perform whatever additional checks into the fitness and propriety of the applicant it considers appropriate. Once satisfied with the information and supporting documentation provided, Gemini Insurance Brokers (HK) Limited will forward a signed Terms of Business Agreement for counter-signature by the applicant.

**Client Name:**

## CLIENT QUESTIONNAIRE

|                              |  |                              |  |
|------------------------------|--|------------------------------|--|
| Full Company Name            |  | Business Registration Number |  |
| Address                      |  |                              |  |
| Telephone                    |  | Fax                          |  |
| Website                      |  | Number of Years Trading      |  |
| Name of Regulatory Authority |  | Registration Number          |  |
| Listed on Stock Exchange     |  | Part of a Group of Companies |  |

| Contacts   | Name | Telephone | Fax | Email |
|------------|------|-----------|-----|-------|
| Financial  |      |           |     |       |
| Processing |      |           |     |       |

| Professional Indemnity Details (Please provide a copy of your certificate) |                   |  |
|--|-------------------|--|
| Limits of Liability  | Each & Every Loss |  |
|  | Aggregate         |  |
|  | Deductible        |  |
| Insurers   |                   |  |

|   |  |
|---|--|
| External Auditors Name & Address<br>(Please provide a copy of the latest Audited Report & Accounts) |  |
| Names of Company Directors / Officers<br>(Please Provide CVs)                                       |  |
| Details of Shareholders with over 10% shareholding  |  |

| Internal Controls  |  |
|--|--|
| Are client monies held in segregated accounts?                   |  |
| Please provide details of Money Laundering Prevention procedures |  |

|  |  |
|--|--|
| Please provide a brief description of client due diligence procedures  |  |
| Please indicate whether your organisation has any connections with Government officials  |  |
| Please indicate how you manage conflicts of interest and confirm that there are no potential conflicts of interest within your organisation (for example family connections with insurers) |  |

| Please provide copies of the following items of information (tick where attached) |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Certificate of Incorporation  | <input type="checkbox"/> | Annual Report and Accounts / Latest Financial Statement | <input type="checkbox"/> |
| Memorandum & Articles of Association, By-Laws or Partnership Agreement            | <input type="checkbox"/> | Details of Organisational Structure                     | <input type="checkbox"/> |
| Professional Indemnity Certificate  | <input type="checkbox"/> | Authorised Signatory List                               | <input type="checkbox"/> |

## Declaration

By signing this document you are declaring that all the information you have provided Gemini Insurance Brokers (HK) Limited in this questionnaire is complete and accurate to the best of your knowledge.

|                     |  |              |  |
|---------------------|--|--------------|--|
| <b>Name</b>         |  | <b>Title</b> |  |
| <b>Company Name</b> |  |              |  |
| <b>Signature</b>    |  | <b>Date</b>  |  |