



SECURITIES AND FUTURES COMMISSION

Form 5

Notification – Licensed Corporation, Registered Institution, Licensed Representative and Substantial Shareholder

Important: You should only complete and submit sections 1 and 18, and other sections relevant to your notification to the Commission.

Name of person
making notification

CE number

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Name of contact
person regarding any
queries on this form

Telephone number of
the contact person

Warning:

You must fill in this form accurately and truthfully. Section 384(1) of the Securities and Futures Ordinance states:

“A person commits an offence if –

- (a) *he, in purported compliance with a requirement to provide information imposed by or under any of the relevant provisions, provides to a specified recipient any information which is false or misleading in a material particular; and*
- (b) *he knows that, or is reckless as to whether, the information is false or misleading in a material particular.”*

The punishment for this offence is a fine of up to \$1 million and imprisonment for up to 2 years.

Section 1: Types of notification

1.1 Please tick “✓” the types of notification you would like to make to the Commission.

Types of notification		Section number
<input type="checkbox"/>	Cessation of business – licensed corporation or registered institution.	2
<input type="checkbox"/>	Ceasing to act as a licensed representative. <i>(Not applicable to registered institutions.)</i>	
<input type="checkbox"/>	Notification by licensed representative.	3A
<input type="checkbox"/>	Notification by licensed corporation.	3B
<input type="checkbox"/>	Ceasing to act as a responsible officer of a licensed corporation. <i>(Not applicable to registered institutions.)</i>	
<input type="checkbox"/>	Notification by responsible officer.	4A
<input type="checkbox"/>	Notification by licensed corporation.	4B
<input type="checkbox"/>	Change in executive officer of a registered institution or his/her particulars. <i>(Applicable to registered institutions only.)</i>	5
<input type="checkbox"/>	Change in director or his/her particulars.	6
<input type="checkbox"/>	Change in complaints officer or his/her particulars.	7
<input type="checkbox"/>	Change in emergency contact person or his/her particulars.	8
<input type="checkbox"/>	Change in share capital.	9
<input type="checkbox"/>	Change in shareholding structure.	10
<input type="checkbox"/>	Change in contact information.	11
<input type="checkbox"/>	Change in bank account. <i>(Applicable to licensed corporations only.)</i>	12
<input type="checkbox"/>	Change in auditor.	13
<input type="checkbox"/>	Change in name.	14
<input type="checkbox"/>	Change in associated entity or its particulars.	15
<input type="checkbox"/>	Change in insurance policy. <i>(Applicable to licensed corporations only.)</i>	16
<input type="checkbox"/>	Other notifications.	17

Section 3: Ceasing to act as a licensed representative

Part A (Notification by licensed representative)

3.1 Please provide the following information:

Name of accredited principal	CE number	Regulated activity	Cessation date (dd/mm/yyyy)
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /

3.2 Please state the reason for cessation.

- Resignation
- Expiry of contract
- Job rotation
- Redundancy
- Dismissal (please specify the cause)

- Others (please specify details)

If you have no other notifications, please go to Section 18.

Part B (Notification by licensed corporation)

3.3 Please provide the following information:

Name of licensed representative	CE number	Regulated activity	Cessation date (dd/mm/yyyy)
		Type ____	/ /
		Type ____	/ /
		Type ____	/ /
		Type ____	/ /
		Type ____	/ /

3.4 Please state the reason for cessation.

- Resignation
- Expiry of contract
- Job rotation
- Redundancy
- Dismissal (please specify the cause)

- Others (please specify details)

If you have no other notifications, please go to Section 18.

Section 4: Ceasing to act as a responsible officer of a licensed corporation

Part A (Notification by responsible officer)

4.1 Please provide the following information:

Name of accredited principal	CE number	Regulated activity	Cessation date (dd/mm/yyyy)
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /

4.2 Please state the reason for ceasing to act as responsible officer.

- Resignation
- Expiry of contract
- Job rotation
- Redundancy
- Dismissal (please specify the cause)

- Others (please specify details)

4.3 Will you also cease to act as a licensed representative?

- Yes.
- No.

If you have no other notifications, please go to Section 18.

Part B (Notification by licensed corporation)

4.4 Please provide the following information:

Name of responsible officer	CE number	Regulated activity	Cessation date (dd/mm/yyyy)
		Type ____	/ /
		Type ____	/ /
		Type ____	/ /
		Type ____	/ /
		Type ____	/ /

4.5 Please state the reason for the person ceasing to act as responsible officer.

- Resignation
- Expiry of contract
- Job rotation
- Redundancy
- Dismissal (please specify the cause)

- Others (please specify details)

4.6 Will the responsible officer cease to act as a licensed representative?

- Yes.
- No.

If you have no other notifications, please go to Section 18.

Section 5: Change in executive officer of a registered institution or his/her particulars

Part A (Ceasing to act as an executive officer)

5.1 Please provide the following information:

Name of executive officer	CE number	Regulated activity	Cessation date (dd/mm/yyyy)
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /
		Type _____	/ /

5.2 Please state the reason for the person ceasing to act as executive officer.

- Resignation
- Expiry of contract
- Job rotation
- Redundancy
- Dismissal (please specify the cause)

- Others (please specify details)

If you have no other notifications, please go to Section 18.

Part B (Appointing a new executive officer)

5.3 Please provide the following information on the person becoming your executive officer.

Name of executive officer (in English and Chinese)	HKID/ Passport number*	Passport details*		Regulated activity	Appointment date (dd/mm/yyyy)
		Date of expiry	Issuing country		
				Type ____	/ /
				Type ____	/ /
				Type ____	/ /
				Type ____	/ /
				Type ____	/ /

* Only applicable to individuals who are non-Hong Kong permanent residents.

Part C (Change in particulars of or regulated activity supervised by an executive officer)

5.4 Please describe the change.

Name of executive officer: _____ CE No. _____

Particulars to be changed: _____

Effective date (dd/mm/yyyy): _____

Name of executive officer: _____ CE No. _____

Particulars to be changed: _____

Effective date (dd/mm/yyyy): _____

If you have no other notifications, please go to Section 18.

Section 6: Change in director or his/her particulars

Part A (Ceasing to act as a director)

6.1 Please provide the following information on the person ceasing to act as your director.

Name of person	Cessation date (dd/mm/yyyy)	Reason for cessation
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Part B (Appointing a new director)

6.2 Please provide the following information on the person becoming your director.

Name of person	Is the person: a) a licensed representative; b) a licensed corporation or registered institution; c) an approved substantial shareholder of a licensed corporation; or d) a substantial shareholder of a registered institution?		Appointment date (dd/mm/yyyy)
	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*	/ /
	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*	/ /
	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*	/ /
	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*	/ /
	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*	/ /

* If you tick NO to any of the above:

- Please request your **corporate director** to complete *Supplement 4 – Information on Corporate Director*.
- Please request your **individual director** to complete *Supplement 3 – Statement of Personal Information*.

Section 7: Change in complaints officer or his/her particulars

Part A (Ceasing to act as a complaints officer)

7.1 Please provide the following information on the person ceasing to act as your complaints officer.

Name of complaints officer		CE No. (if any)	
Effective cessation date (dd/mm/yyyy)			
Reason for cessation			

Part B (Appointing a new complaints officer)

7.2 Please provide the following information on the person becoming your complaints officer.

Name in English		CE No.(if any)	
Name in Chinese			
HKID/Passport Number*			
Job title			
Telephone number			
Facsimile number			
Correspondence address			
E-mail address			
Effective date (dd/mm/yyyy)			

* Only applicable to individuals who are non-Hong Kong permanent residents.

Part C (Change in particulars of a complaints officer)

7.3 Please describe the change.

Name of complaints officer: _____ CE No. (if any) _____

Particulars to be changed: _____

Effective date (dd/mm/yyyy): _____

If you have no other notifications, please go to Section 18.

Section 8: Change in emergency contact person or his/her particulars

Part A (Ceasing to act as an emergency contact person)

8.1 Please provide the following information on the person ceasing to act as your emergency contact person.

Name of emergency contact person		CE No. (if any)	
Effective cessation date (dd/mm/yyyy)			
Reason for cessation			

Part B (Appointing a new emergency contact person)

8.2 Please provide the following information on the person becoming your emergency contact person. [Note: For group companies, it is preferable that this person should have sufficient authority and be familiar with the overall affairs of the group.]

Name in English		CE No. (if any)	
Name in Chinese			
HKID/Passport Number*			
Job title			
Telephone number	Office		Residential
Mobile phone number			
Facsimile number	Office		Residential
Correspondence address			
E-mail address	Office		Private
Effective date (dd/mm/yyyy)			

* Only applicable to individuals who are non-Hong Kong permanent residents.

Part C (Change in particulars of emergency contact person)

8.3 Please describe the change.

Name of emergency contact person: _____ CE No. (if any) _____

Particulars to be changed: _____

Effective date (dd/mm/yyyy): _____

If you have no other notifications, please go to Section 18.

Section 9: Change in share capital

9.1 Please provide the following share capital information before and after your proposed change. State the currency.

Class of shares	Details	Before the change	After the change
<input type="checkbox"/> Ordinary <input type="checkbox"/> Preference <input type="checkbox"/> Others (please specify) _____ _____ _____	Per value		
	Number of authorized shares		
	Authorized share capital		
	Issued share capital		
	Premium paid		
	Paid-up share capital		
Please state the effective date of the change. (dd/mm/yyyy)			

Class of shares	Details	Before the change	After the change
<input type="checkbox"/> Ordinary <input type="checkbox"/> Preference <input type="checkbox"/> Others (please specify) _____ _____ _____	Per value		
	Number of authorized shares		
	Authorized share capital		
	Issued share capital		
	Premium paid		
	Paid-up share capital		
Please state the effective date of the change. (dd/mm/yyyy)			

Class of shares	Details	Before the change	After the change
<input type="checkbox"/> Ordinary <input type="checkbox"/> Preference <input type="checkbox"/> Others (please specify) _____ _____ _____	Per value		
	Number of authorized shares		
	Authorized share capital		
	Issued share capital		
	Premium paid		
	Paid-up share capital		
Please state the effective date of the change. (dd/mm/yyyy)			

9.2 Are there any changes in any shares that have been issued for consideration other than cash (if any)?

- Yes. Please provide details (including the class of shares, number of shares, and type and value of consideration) in an attachment.
- No.

If you have no other notifications, please go to Section 18.

Section 11: Change in contact information

“**Contact information**” refers to:

- principal business address;
- registered business address;
- correspondence address;
- other business addresses (*not applicable to registered institutions*);
- residential address (*not applicable to licensed corporations and registered institutions*);
- e-mail and website addresses; and
- telephone and facsimile numbers.

11.1 Please describe the change in contact information.

Name of licensed person/registered institution					CE No.				
1	Address (Please tick “✓” where applicable.)								
<input type="checkbox"/>	Principal place of business	<input type="checkbox"/>	Registered office	<input type="checkbox"/>	Correspondence	<input type="checkbox"/>	Other place of business	<input type="checkbox"/>	Residential
Flat, floor and block no.									
Building name									
Street no. & name									
District & city									
State & country									
Postal code, if any									
Telephone and facsimile numbers		<i>(telephone)</i>			<i>(facsimile)</i>				
E-mail and website addresses		<i>(e-mail)</i>			<i>(website)</i>				
Effective date of change (dd/mm/yyyy)									

Name of licensed person/registered institution				CE No.	
2	Address (Please tick "✓" where applicable.)				
<input type="checkbox"/> Principal place of business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Other place of business	<input type="checkbox"/> Residential	
Flat, floor and block no.					
Building name					
Street no. & name					
District & city					
State & country					
Postal code, if any					
Telephone and facsimile numbers		(telephone)	(facsimile)		
E-mail and website addresses		(e-mail)	(website)		
Effective date of change (dd/mm/yyyy)					

If you have no other notifications, please go to Section 18.

Section 12: Change in bank account (major operational and segregated trust accounts)

Part A (Ceasing to use a bank account)

12.1 Please provide the following information:

Name of bank			
Account number			
Effective closing date (dd/mm/yyyy)			
Reason	<input type="checkbox"/> Closed	<input type="checkbox"/> Commercial reason	<input type="checkbox"/> Ordered to be frozen by a competent authority

Name of bank			
Account number			
Effective closing date (dd/mm/yyyy)			
Reason	<input type="checkbox"/> Closed	<input type="checkbox"/> Commercial reason	<input type="checkbox"/> Ordered to be frozen by a competent authority

Part B (Using a new bank account)

12.2 Please provide the following details of major operational and segregated trust accounts you will use to carry out your regulated activities.

Type of account: <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Others (please specify) _____ _____	Name of bank	
	Account number	
	Date opened (dd/mm/yyyy)	/ /
	Currency	
	Is it a trust account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Effective date (dd/mm/yyyy)	/ /

Type of account: <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Others (please specify) _____ _____	Name of bank	
	Account number	
	Date opened (dd/mm/yyyy)	/ /
	Currency	
	Is it a trust account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Effective date (dd/mm/yyyy)	/ /

Part C (Change in details of bank account)

12.3 Please describe the change.

Name of bank	
Account number	
Particulars to be changed	
Effective date (dd/mm/yyyy)	

Name of bank	
Account number	
Particulars to be changed	
Effective date (dd/mm/yyyy)	

If you have no other notifications, please go to Section 18.

Section 13: Change in auditor

Part A (Ceasing to act as an auditor)

13.1 Please provide the following information on the person ceasing to act as your auditor.

Name of auditor	
Date of cessation (dd/mm/yyyy)	
Reason for cessation	

Part B (Appointing a new auditor)

13.2 Please provide the following information on the person becoming your auditor.

Name of auditor	
Date of appointment (dd/mm/yyyy)	

If you have no other notifications, please go to Section 18.

Section 14: Change in name

14.1 Please provide the following information:

Former name	
New name	
Effective date (dd/mm/yyyy)	
Reason for the change	

14.2 Please submit as an attachment a copy of the Certificate of Change of Name (for corporation) or other legal document for record.

If you have no other notifications, please go to Section 18.

Section 15: Change in associated entity or its particulars

Part A (Corporation ceasing to act as an associated entity)

15.1 Please provide the following information on the corporation ceasing to act as your associated entity.

Name of corporation	CE No. (if any)	Date of cessation (dd/mm/yyyy)
		/ /
		/ /
		/ /

15.2 Please state the reason for cessation.

15.3 Has the above associated entity fully accounted for and properly disposed of all your clients' assets? *(Not applicable where the associated entity is a licensed corporation or an authorized financial institution.)*

- Yes.
- No. Please provide the particulars of all the client assets that the associated entity has not fully accounted for and properly disposed of, and your plan to safeguard such assets.

[Note: Your associated entity is required to complete relevant sections of *Form 6 – Notification - Associated Entity*.]

Part B (Appointing a new associated entity)

15.4 Please state the name of the corporation proposing to act as your associated entity.

Name of corporation	Is it a licensed corporation or registered institution?		Effective date (dd/mm/yyyy)
	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*	/ /
	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*	/ /
	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*	/ /

* If you tick NO to any of the above:

- Please complete *Supplement 5 – Basic Information on Associated Entity* for each associated entity.

[Note: Your associated entity is required to complete relevant sections of *Form 6 – Notification - Associated Entity*.]

Part C (Change in particulars of associated entity)

15.5 Please provide the following information:

Name of associated entity		CE No. (if any)	
Particulars to be changed			
Effective date (dd/mm/yyyy)			

Name of associated entity		CE No. (if any)	
Particulars to be changed			
Effective date (dd/mm/yyyy)			

[Note: Your associated entity is required to complete relevant sections of *Form 6 – Notification - Associated Entity*.]

If you have no other notifications, please go to Section 18.

Section 16: Change in insurance policy (This section is not applicable to an exchange participant subscribing to a master policy approved by the Commission.)

16.1 Please state the type of change and provide details.

Types of change	Description of the change
<input type="checkbox"/> Name of insurer	
<input type="checkbox"/> Credit rating of insurer	
<input type="checkbox"/> Indemnity level (in HK\$)	
<input type="checkbox"/> Deductibles (in HK\$)	
<input type="checkbox"/> Period of insurance	
<input type="checkbox"/> Others (please specify)	

If you have no other notifications, please go to Section 18.

Section 17: Other notifications (e.g. significant changes in the business plan)

17.1 Please provide the following information:

Particulars to be changed	
Description of the change	
Effective date (dd/mm/yyyy)	

Particulars to be changed	
Description of the change	
Effective date (dd/mm/yyyy)	

Particulars to be changed	
Description of the change	
Effective date (dd/mm/yyyy)	

If you have no other notifications, please go to Section 18.

Section 18: Declaration

If you are a licensed corporation, registered institution, or corporate substantial shareholder of a licensed corporation, please complete Part A only.

If you are a licensed representative or an individual substantial shareholder of a licensed corporation, please complete Part B only.

Part A

Corporation's declaration

We:

.....
Name of corporation

- **Have completed** section _____ of this form and attached a total of ____ supplements and attachments to this form.
- **Declare** that all the information provided in this form (including all supplements and attachments) is complete, true and correct.
- **Understand** that providing false or misleading information is an offence under section 384 of the Securities and Futures Ordinance.
- **Understand** that the Commission may take disciplinary action against a person who has made a false or misleading representation.

(To be signed by a director, responsible officer, executive officer, or chief executive (in the case of an authorized institution).)

.....
*Name of director/responsible
officer/executive officer/chief executive**

.....
Signature

.....
Date

* Delete where not applicable

Part B

Individual's declaration

I:

.....
Name of individual

- **Have completed** section _____ of this form and attached a total of ____ supplements and attachments to this form.
- **Declare** that the information in this form (including all supplements and attachments) is complete, true and correct.
- **Understand** that providing false or misleading information is an offence under section 384 of the Securities and Futures Ordinance.
- **Understand** that the Commission may take disciplinary action against a person who has made a false or misleading representation.

.....
Signature

.....
Date