



# SECURITIES AND FUTURES COMMISSION

## Form 6

### Notification – Associated Entity

Name of corporation

CE number  
(if applicable)

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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 want to make to the Commission.

- Becoming an associated entity. Go to section 2
- Ceasing to be an associated entity. Go to section 3.
- Other notifications. Go to Section 4.

## Section 2: Becoming an associated entity

2.1 Please state the names of the intermediaries for which you propose to act as associated entity.

Name of intermediary	CE number	Effective date (dd/mm/yyyy)
		/ /
		/ /
		/ /
		/ /

2.2 Please complete *Supplement 13 – Information on Associated Entity*. (Not applicable if you are a licensed corporation or registered institution.)

If you have no other notifications, please go to Section 5.

## Section 3: Ceasing to be an associated entity

3.1 Please state the names of the intermediaries for which you are ceasing to act as associated entity.

Name of intermediary	CE number	Cessation date (dd/mm/yyyy)
		/ /
		/ /
		/ /
		/ /

3.2 Please state the circumstances under which you are ceasing to act as an associated entity of the above intermediaries. (Not applicable if you are a licensed corporation or registered institution.)

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**3.3** Have you fully accounted for and properly disposed of all the client assets of the intermediary that are received or held by you prior to your cessation as an associated entity? *(Not applicable if you are a licensed corporation or an authorized financial institution.)*

Yes.

No. Please provide the particulars of all the client assets that you have not fully accounted for and properly disposed of, and your plan to safeguard such assets.

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**If you have no other notifications, please go to Section 5.**

<b>Section 4: Other notifications</b>
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**4.1** Please provide details of the notifications and their effective dates.

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## Section 5: Declaration

**We:** \_\_\_\_\_

*(Name of associated entity)*

- **Have completed** section \_\_\_\_\_ of this notification form and attached a total of \_\_\_\_ supplements to this notification form.
- **Declare** that all the information provided in this notification (including all the supplements) is complete, true and correct.
- **Understand** that providing false or misleading information in making a notification is an offence under section 384 of the Securities and Futures Ordinance.

*(To be signed by any director or executive officer of the associated entity)*

\_\_\_\_\_  
*Name of director/executive officer\**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\* Delete where not applicable.