



SECURITIES AND FUTURES COMMISSION

Form 4

Miscellaneous Applications

Important: You should only complete and submit sections 1, 15 and 16, and other sections relevant to your application to the Commission.

Name of applicant

CE number

--	--	--	--	--	--

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 383(1) of the Securities and Futures Ordinance (“the Ordinance”) states:

“A person commits an offence if –

- (a) *he, in support of any application made to the Commission under or pursuant to any provision of this Ordinance, whether for himself or for another person, makes a representation, whether in writing, orally or otherwise, that is false or misleading in a material particular; and*
- (b) *he knows that, or is reckless as to whether, the representation 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 miscellaneous application

1.1 Please tick "✓" the type(s) of application you want to make.

Types of application		Section number
<input type="checkbox"/>	Addition of regulated activity.	2
<input type="checkbox"/>	Reduction of regulated activity (except for the last activities ¹).	3
<input type="checkbox"/>	Approval as a responsible officer. <i>(Applicable to licensed representatives only.)</i>	4
<input type="checkbox"/>	Transfer of accreditation. <i>(Applicable to licensed representatives only.)</i>	5
<input type="checkbox"/>	Addition of accreditation. <i>(Applicable to licensed representatives only.)</i>	6
<input type="checkbox"/>	Change of licensing/registration condition.	7
<input type="checkbox"/>	Issuance of duplicate licence/certificate of registration.	8
<input type="checkbox"/>	Premises to be used for record keeping purpose. <i>(Applicable to licensed corporations only.)</i>	9
<input type="checkbox"/>	Change of financial year end. <i>(Applicable to licensed corporations only.)</i>	10
<input type="checkbox"/>	Adoption of period exceeding 12 months as financial year. <i>(Applicable to licensed corporations only.)</i>	11
<input type="checkbox"/>	Extension of deadline for submission of audited accounts. <i>(Applicable to licensed corporations only.)</i>	12
<input type="checkbox"/>	Approval as a substantial shareholder. <i>(Applicable to licensed corporations only.)</i>	13
<input type="checkbox"/>	Other applications pertaining to licensing and registration matters under Part V of the Ordinance.	14

¹ If you intend to cease business, you should notify the Commission about your cessation of business using Form 5 (Notification - Licensed Corporation, Registered Institution, Licensed Representative and Substantial Shareholder).

Section 2: Addition of regulated activity

2.1 Please tick "✓" the regulated activities you want to add.

Regulated activity		Proposed effective date (dd/mm/yyyy)
<input type="checkbox"/>	Type 1 (dealing in securities)	/ /
<input type="checkbox"/>	Type 2 (dealing in futures contracts)	/ /
<input type="checkbox"/>	Type 3 (leveraged foreign exchange trading) <i>(Not applicable to registered institutions)</i>	/ /
<input type="checkbox"/>	Type 4 (advising on securities)	/ /
<input type="checkbox"/>	Type 5 (advising on futures contracts)	/ /
<input type="checkbox"/>	Type 6 (advising on corporate finance)	/ /
<input type="checkbox"/>	Type 7 (providing automated trading services)	/ /
<input type="checkbox"/>	Type 8 (securities margin financing) <i>(Not applicable to registered institutions)</i>	/ /
<input type="checkbox"/>	Type 9 (asset management)	/ /
<input type="checkbox"/>	Type 10 (providing credit rating services)	/ /

Questions 2.2 to 2.4 are applicable to licensed representatives ONLY.

2.2 Please state the name and CE number of the principal to which you will be accredited in respect of your proposed regulated activities.

Regulated activity	Name of principal	CE number
Type ____		
Type ____		
Type ____		
Type ____		

2.3 If you have more than one principal, please state the name of your primary principal.

2.4 Please set out any new qualifications (academic, vocational, professional or industry qualifications) you have obtained for your proposed regulated activity.

Regulated Activity	Qualification/ Course/Examination name	Name of institution	Paper number/ series	Date awarded/ passed/ completed (dd/mm/yyyy)
Type ____				/ /
Type ____				/ /
Type ____				/ /
Type ____				/ /
Type ____				/ /

If you have no other applications, please go to Section 15.

Questions 2.5 and 2.6 are applicable to licensed corporations and registered institutions ONLY.

2.5 Please complete *Supplement 8 – Business Plan and Proposed Business Activities* in respect of your proposed regulated activities. If you are a licensed corporation, please also complete *Supplement 7 – Financial Resources*.

2.6 Each regulated activity must be supervised by at least two responsible officers/executive officers. Please state the names of the responsible officers/executive officers responsible for supervising your proposed regulated activities. Please note that for licensed corporations, at least one of the responsible officers must be an executive director.

Regulated activity	Name of responsible officer/ executive officer	CE No. (if any)	Is he/she an executive director?	
Type ____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type ____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type ____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type ____			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have no other applications, please go to Section 15.

Section 3: Reduction of regulated activity

3.1 Please tick "✓" the regulated activities you want to cease.

Regulated activity		Proposed effective date (dd/mm/yyyy)
<input type="checkbox"/>	Type 1 (dealing in securities)	/ /
<input type="checkbox"/>	Type 2 (dealing in futures contracts)	/ /
<input type="checkbox"/>	Type 3 (leveraged foreign exchange trading) <i>(Not applicable to registered institutions)</i>	/ /
<input type="checkbox"/>	Type 4 (advising on securities)	/ /
<input type="checkbox"/>	Type 5 (advising on futures contracts)	/ /
<input type="checkbox"/>	Type 6 (advising on corporate finance)	/ /
<input type="checkbox"/>	Type 7 (providing automated trading services)	/ /
<input type="checkbox"/>	Type 8 (securities margin financing) <i>(Not applicable to registered institutions)</i>	/ /
<input type="checkbox"/>	Type 9 (asset management)	/ /
<input type="checkbox"/>	Type 10 (providing credit rating services)	/ /

3.2 Please state the reason for ceasing the above regulated activities.

<input type="checkbox"/>	Unfavourable business conditions
<input type="checkbox"/>	Sale of business
<input type="checkbox"/>	Group consolidation
<input type="checkbox"/>	Relocation of business out of Hong Kong
<input type="checkbox"/>	Others (please specify)

3.3 Have you notified your clients of your cessation of the above regulated activities and returned to them the funds and assets held or managed on their behalf, if any?

- Yes.
- No. Please state the reason for not notifying your clients of the cessation and elaborate on the measures you have taken to safeguard your clients' assets, if any.

If you have no other applications, please go to Section 15.

Section 4: Approval as a responsible officer

- 4.1 Please state the regulated activity, name and CE number of the accredited principal that you wish to act as its responsible officer.

Regulated activity	Name of principal	CE number
Type _____		
Type _____		
Type _____		
Type _____		

- 4.2 Please set out any new qualifications (academic, vocational, professional or industry qualifications) you have obtained for your proposed role.

Regulated Activity	Qualification/ Course/Examination name	Name of institution	Paper number/ series	Date awarded/ passed/ completed (dd/mm/yyyy)
Type _____				/ /
Type _____				/ /
Type _____				/ /
Type _____				/ /
Type _____				/ /

- 4.3 Please complete *Supplement 10 – Duties and Experience of Responsible Officer*.

- 4.4 If you propose to supervise Type 6 regulated activity (advising on corporate finance), will you undertake activities in connection with matters regulated by the Hong Kong Codes on Takeovers and Mergers and Share Repurchases?

- Yes. Please complete *Supplement 11 – Activities in Connection with Matters Regulated by the Hong Kong Codes on Takeovers and Mergers and Share Repurchases*.
- No.

If you have no other applications, please go to Section 15.

Section 5: Transfer of accreditation

5.1 Please provide the following information on all the regulated activities specified on your licence. If you are currently a representative and applying to become a Responsible Officer of the new principal, please also complete Section 4.

Regulated activity	Type _____		
Name of current principal		CE No.	
Effective departure date			
Reason for leaving	<input type="checkbox"/>	Resignation	
	<input type="checkbox"/>	Expiry of contract	
	<input type="checkbox"/>	Redundancy	
	<input type="checkbox"/>	Dismissal (please specify the cause) _____	
	<input type="checkbox"/>	Others (please specify) _____	
Type of regulated activity you will carry out for your new principal	Type _____		
Name of new principal		CE No.	
Proposed joining date			

Regulated activity	Type _____		
Name of current principal		CE No.	
Effective departure date			
Reason for leaving	<input type="checkbox"/>	Resignation	
	<input type="checkbox"/>	Expiry of contract	
	<input type="checkbox"/>	Redundancy	
	<input type="checkbox"/>	Dismissal (please specify the cause) _____	
	<input type="checkbox"/>	Others (please specify) _____	
Type of regulated activity you will carry out for your new principal	Type _____		
Name of new principal		CE No.	
Proposed joining date			

If you have no other applications, please go to Section 15.

Section 6: Addition of accreditation

6.1 Please state the regulated activities, names of your proposed principals and proposed effective date. If you are currently a representative and applying to become a Responsible Officer of the new principal, please also complete Section 4.

Regulated activity	Name of proposed principal	CE number	Proposed effective date (dd/mm/yyyy)
Type ____			/ /
Type ____			/ /
Type ____			/ /

6.2 Do the above principals belong to the same group of companies as your existing principals?

- Yes.
- No. Please explain how you intend to resolve the possible conflicts of interest and supervision issues arising from working simultaneously for different principals.

If you have no other applications, please go to Section 15.

Section 7: Change of licensing/registration condition

7.1 Please set out your proposed change and reason for the change.

Regulated activity	Type _____	
Licensing/registration condition to be changed		
Nature of the proposed change	<input type="checkbox"/>	Cancellation
	<input type="checkbox"/>	Modification (please specify)
Reason for the change		

Regulated activity	Type _____	
Licensing/registration condition to be changed		
Nature of the proposed change	<input type="checkbox"/>	Cancellation
	<input type="checkbox"/>	Modification (please specify)
Reason for the change		

If you have no other applications, please go to Section 15.

Section 8: Issuance of duplicate licence/certificate of registration

8.1 Please state the reason for requiring a duplicate licence or certificate of registration.

- Lost. Please submit a statutory declaration stating that you have lost your licence/certificate.

- Defaced. Please submit a statutory declaration stating that the licence/certificate has been defaced and return the licence/certificate for cancellation.

- Destroyed. Please submit a statutory declaration stating that the licence/certificate has been destroyed.

If you have no other applications, please go to Section 15.

Section 9: Premises to be used for record keeping purpose

9.1 Please provide details of the new premises to be used for keeping your business records and documents in *Supplement 1 – Contact Information and Record Keeping Address for Corporation*.

9.2 What business records will be kept at the premises?

9.3 Are the premises wholly or partly used for residential purposes?

Yes.

No.

If you have no other applications, please go to Section 15.

Section 10: Change of financial year end

10.1 Please provide the following information:

Existing financial year end	
New financial year end	
Reason for the change	

If you have no other applications, please go to Section 15.

Section 11: Adoption of period exceeding 12 months as financial year

11.1 Please provide the following information:

Existing financial reporting period	
Proposed financial reporting period	
Reason for the change	

If you have no other applications, please go to Section 15.

Section 12: Extension of deadline for submission of audited accounts

12.1 Please provide the following information:

Submission due date	
Proposed date of submission	
Reason for the extension	

If you have no other applications, please go to Section 15.

Section 13: Approval as a substantial shareholder (For completion by the substantial shareholder)

“**Substantial shareholder**” has the same meaning as in Part 1 of Schedule 1 to the Ordinance.

13.1 Please submit as an attachment a group chart depicting the proposed change in shareholding structure, including the respective number of shares and percentage of shareholdings.

13.2 Please provide the following information.

Name of new substantial shareholder: _____		
Is the above-named person a licensed representative/licensed corporation/registered institution, approved substantial shareholder of a licensed corporation or substantial shareholder of a registered institution?	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*
Number and class of shares to be subscribed/acquired		
Value of shares to be subscribed/acquired		
Intended subscription/acquisition date		
Sources to finance the subscription/acquisition		

Name of new substantial shareholder: _____		
Is the above-named person a licensed representative/licensed corporation/registered institution, approved substantial shareholder of a licensed corporation or substantial shareholder of a registered institution?	<input type="checkbox"/> Yes, CE No. _____	<input type="checkbox"/> No*
Number and class of shares to be subscribed/acquired		
Value of shares to be subscribed/acquired		
Intended subscription/acquisition date		
Sources to finance the subscription/acquisition		

* If you tick NO to any of the above:

- If you are a **corporate substantial shareholder**, please complete *Supplement 2 – Information on Corporate Substantial Shareholder*.
- If you are an **individual substantial shareholder**, please complete *Supplement 3 – Statement of Personal Information*.

If you have no other applications, please go to Section 15.

Section 15: Checking your application

Before signing, please check that you have provided everything that we need to process your application.

- Answered every relevant question.
- Provided all relevant supplements and attachments.
- Enclosed relevant application fees.

Section 16: Applicant's declaration

If you are a licensed corporation, a registered institution, or a corporation applying to be or continue to be a substantial shareholder of a licensed corporation, please complete Part A only.

If you are an individual applying to be or continue to be a substantial shareholder of a licensed corporation, please complete Part B only.

If you are a licensed representative, please complete Part B and request your primary principal to complete Part C.

Part A

Corporate applicant's declaration

We:

.....
Name of corporation lodging the application

- **Have completed** section _____ of this application form and attached a total of ____ supplements and attachments to this application form.
- **Declare** that all the information provided in this application (including all supplements and attachments) is complete, true and correct.
- **Understand** that providing false or misleading information in support of an application is an offence under section 383 of the Ordinance.
- **Understand** that the Commission may take disciplinary action against a person who has made a false or misleading representation in support of an application.
- **Understand** that if any information in this application changes before this application is approved, we must notify the Commission in writing immediately of the changes.

(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 applicant's declaration

I: _____
Name of applicant

- **Have completed** section _____ of this application form and attached a total of _____ supplements and attachments to this application form.
- **Declare** that the information in this application (including all supplements and attachments) is complete, true and correct.

For a responsible officer applicant completing section 4 of this form:

- **Declare** that the Board of Directors has passed a board resolution appointing me as the corporation's:
 - Director and responsible officer to supervise the regulated activities for which I will be responsible (where the applicant is a director).
 - Responsible officer and granting me sufficient authority to supervise the regulated activities for which I will be responsible (where the applicant is not a director).
- **Understand** that providing false or misleading information in support of an application is an offence under section 383 of the Ordinance.
- **Understand** that the Commission may take disciplinary action against a person who has made a false or misleading representation in support of an application.
- **Understand** that if any information in this application changes before this application is approved, I must notify the Commission in writing immediately of the changes.

Signature

Date

Part C

Licensed corporation's declaration (to be completed by the licensed representative's primary principal)

We

- **Have reviewed:**
 - The information provided in this application form (including all supplements and attachments).
 - The documents evidencing the applicant's academic, professional and industry qualifications stated in this form (including all supplements and attachments).
- **Confirm** that the other principal(s) of the applicant has agreed to the information (where such information relates to the other principal(s)) stated in the application.
- **Endorse** the application.

Name of primary principal: _____

*Name of director/responsible officer or person authorized by the board of directors**

Signature

Date

* Delete where not applicable