



## CUSTOMER KNOWLEDGE ASSESSMENT

**NOTE: Please answer all the questions below. Any inaccurate or incomplete information provided by you may affect the outcome of this Assessment.**

**1. Do you hold a diploma or has higher qualifications in:**

	<u>Primary Account Holder</u>	<u>Joint Account Holder</u>
Accountancy	<input type="checkbox"/>	<input type="checkbox"/>
Actuarial science	<input type="checkbox"/>	<input type="checkbox"/>
Business/Business Administration/Business Management	<input type="checkbox"/>	<input type="checkbox"/>
Business studies	<input type="checkbox"/>	<input type="checkbox"/>
Capital markets	<input type="checkbox"/>	<input type="checkbox"/>
Commerce	<input type="checkbox"/>	<input type="checkbox"/>
Economics	<input type="checkbox"/>	<input type="checkbox"/>
Finance	<input type="checkbox"/>	<input type="checkbox"/>
Financial Engineering	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>
Computational Finance	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**2. Do you have a professional finance-related qualification?**

	<u>Primary Account Holder</u>	<u>Joint Account Holder</u>
Chartered Institute of Securities & Investment (CISI)	<input type="checkbox"/>	<input type="checkbox"/>
Chartered Alternative Investment Analyst (CAIA)	<input type="checkbox"/>	<input type="checkbox"/>
Certified Financial Technician (CFTe)	<input type="checkbox"/>	<input type="checkbox"/>
Financial Risk Manager (FRM)	<input type="checkbox"/>	<input type="checkbox"/>
Chartered Financial Consultant (ChFC)	<input type="checkbox"/>	<input type="checkbox"/>
Associate Financial Planner (AFP)	<input type="checkbox"/>	<input type="checkbox"/>
Associate Wealth Planner (AWP)	<input type="checkbox"/>	<input type="checkbox"/>
Certified Financial Planner (CFP)	<input type="checkbox"/>	<input type="checkbox"/>
Certified Public Account (CPA/ACCA)	<input type="checkbox"/>	<input type="checkbox"/>
Chartered Financial Analyst (CFA)	<input type="checkbox"/>	<input type="checkbox"/>
CMFAS (Module 6A Securities and Futures Product Knowledge)	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**3. Have you invested in Specified Investment Products (Leverage Foreign Exchange Trading [Forex], Contract for Differences [CFDs]) which are neither listed nor quoted on a securities market or a futures market (excluding CIS and ILPs) at least 6 times in the preceding 3 years?**

<u>Primary Account Holder</u>	<u>Joint Account Holder</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

**4. Do you have a minimum of 3 consecutive years of working experience in the past 10 years in the development of, structuring of, management of, sale of, trading of, research on and analysis of investment products or the provision of training in investment products? *Work experience in accountancy, actuarial science, treasury, financial risk management activities or the provision of legal advice or possession of legal experience is also considered as relevant experience.***

<u>Primary Account Holder</u>	<u>Joint Account Holder</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

**ACKNOWLEDGEMENT**

	<u>Primary Account Holder</u>	<u>Joint Account Holder</u>
a. I hereby acknowledge that any inaccurate or incomplete information provided by me may affect the outcome of this Customer Knowledge Assessment.	<input type="checkbox"/>	<input type="checkbox"/>
b. I hereby acknowledge that it is my responsibility to ensure the suitability of the product selected.	<input type="checkbox"/>	<input type="checkbox"/>
c. I hereby acknowledge that GFT provides only execution services and is not able to provide any advice to customer even though GFT is an exempt financial adviser.	<input type="checkbox"/>	<input type="checkbox"/>
d. I hereby acknowledge that I will not be able to rely on section 27 of the Financial Advisers Act (Cap.110) to file a civil claim in the event I suffered a loss, and confirm in writing that I continue the application without advice.	<input type="checkbox"/>	<input type="checkbox"/>

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Primary Account Holder's Signature

\_\_\_\_\_  
Joint Account Holder's Signature

\_\_\_\_\_  
Primary Account Holder's Name & Date

\_\_\_\_\_  
Joint Account Holder's Name & Date

\_\_\_\_\_  
GFT Account Number