

Application for Establishment of Trading Accounts

To : The Hongkong and Shanghai Banking Corporation
Limited, Seoul Branch

Date :

Customer Information

Name of Applicant		Resident (Company) Registration No.	
Address		Telephone No.	
		E-Mail Address	
Address for Receipt of Statement		Country	

Product Selection

Type of Product	<input type="checkbox"/> KTB Omnibus Trading <input type="checkbox"/> Interest Rates Derivatives	<input type="checkbox"/> FX & FX Derivatives <input type="checkbox"/> KTB, MSB, Special Bonds, Corporate Bonds	
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Purpose of Account

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※ **Terms and Conditions and Customer Acknowledgement**

	<p><input type="checkbox"/> Financial products traded through this account are not protected under the Depositor Protection Act.</p> <p><input type="checkbox"/> I confirm that I do not wish to receive investment recommendations at the time of account opening, and that if I later wish to receive such recommendations, I will complete an additional "Letter of Confirmation of Investor Information for OTC Derivatives"</p> <p><input type="checkbox"/> I hereby agree to establish a trading account with the Hongkong and Shanghai Banking Corporation Limited, Seoul Branch, and confirm that I have approved, received, and been fully informed of the Terms and Conditions for the Establishment of Trading Accounts, as well as the individual terms and conditions (where applicable) or contracts for each financial product.</p> <p><input type="checkbox"/> I confirm that I am a foreign financial institution located in a jurisdiction recognized, through mutual evaluation by the Financial Action Task Force, as having an effective anti-money laundering system.</p> <p><input type="checkbox"/> I confirm that I am subject to proper supervision and monitoring by the financial regulatory authority of my jurisdiction and have not been subject to any sanctions.</p> <p><input type="checkbox"/> I confirm that I have duly fulfilled customer due diligence obligations with respect to my underlying investors (beneficial owners) in accordance with The FATF Recommendations, and will continue to do so after the establishment of this account. I further confirm that, upon request by you, I will promptly provide identification information and copies of relevant customer due diligence documentation for such underlying investors without delay.</p>
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I confirm that I have been informed that I am required to maintain records of transaction details of underlying investors (beneficial owners) within the omnibus government bond trading account for a period of ten (10) years, and to submit such transaction information (including final investors, securities, and transaction details) to Korean financial authorities upon request. I also acknowledge that failure to comply with this obligation may result in restrictions on the use of the omnibus government bond trading account service.

I confirm that I have been informed that the omnibus government bond trading account may only be used where transactions of underlying investors are settled and held through international central securities depositories (e.g., Euroclear, Clearstream).

Pursuant to Article 3(3) of the Act on Real Name Financial Transactions and Confidentiality, no person shall conduct financial transactions under another person's real name for the purpose of concealing illicit assets, engaging in money laundering, financing terrorism, evading compulsory execution, or any other unlawful acts. Violations may result in imprisonment of up to five (5) years or a fine of up to KRW 50 million.

I confirm that I have received sufficient explanation of the above and fully understand its contents.

Acknowledgement of Explanation Received

Name of Customer: _____ (Signature/Seal)

(If applied by an authorized agent) The authorized agent of the customer (_____): _____
(Signature/Seal)



Power of Attorney

To : The Hongkong and Shanghai Banking Corporation Limited, Seoul Branch

In commencing (or continuing) financial product transactions with you, I hereby appoint the person below as my authorized agent and delegate to such agent the authority to carry out the opening of a new account and/or the identity verification procedures on my behalf.

Details of Authorized Agent

Name:	Date of Birth:
Address:	Relationship with Principal:

Date: 20

Principal: (Signature/Seal)

Address:

Business Registration Number: