

实际控制关系账户申报表 (K-1表)

Reporting Form for Accounts Involving Actual Control Relationship (Form K-1)

Part One: Declarant Information				
For Institutional Client	* *Name		* *Client ID	
	* *Country/ Region		* * Major Identification Code	
	Tel.			
	Member/ Overseas Special Participants Name		Overseas Intermediary Name (If Any)	
	Client Type	A. <input type="checkbox"/> Producer <input type="checkbox"/> B. <input type="checkbox"/> Processing Enterprises <input type="checkbox"/> C. <input type="checkbox"/> Trading Company <input type="checkbox"/> D. <input type="checkbox"/> Investment Company <input type="checkbox"/> E. <input type="checkbox"/> Others (Pls. specify) _____		
	Main Business			
	? <input type="checkbox"/> <input type="checkbox"/> Ever participated in hedging transaction? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Part Two: Actual Control Account Information				
For Controlled Individual:	1 ? <input type="checkbox"/> <input type="checkbox"/> A. Is controlling the futures trading of any individual or institutional client? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please fill in the following information on the controlled client based on the nature of controlling party:</i>			
	* *Name		* *Client ID	
	Country/ Region		Major Identification Code	
	Tel.			

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Actual Control Account Information	Member/ Overseas Special Participants Name		Overseas Intermediary Name (If Any)	
	Actual Control Relationship Description	() (Please briefly describe the relationship between the reporting party and the controlled party)		
<i>For Controlled Institution</i>	* Name		* Client ID	
	Country/ Region		Major Identification Code	
	Tel.			
	Member/ Overseas Special Participants Name		Overseas Intermediary Name (If Any)	
	Main Business			
	Actual Control Relationship Description	() (Please briefly describe the relationship between the reporting party and the controlled party)		
	Ever participated in hedging transaction? ? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
2 ? <input type="checkbox"/> <input type="checkbox"/>				
B. Is <i>controlled</i> to other individual or institution regarding futures trading? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please fill in the following information on the controlling client based on the nature of controlling party:				
<i>For Controlling Individual Client</i>	* Name		Tel.	
	Country/ Region			
	Actual Control Relationship Description	() (Please briefly describe the relationship between the reporting party and the controlling party)		

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		Description			
		? <input type="checkbox"/> <input type="checkbox"/> Ever participated in futures trading? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		<i>If yes, please fill in the following items:</i>			
		Member/ Overseas Special Participants Name		Client ID	
	Overseas Intermediary Name (If Any)				
	* * Name		Tel.		
	Country/ Region		Major Identification Code		
	Main Business				
	Actual Control Relationship Description	() (Please briefly describe the relationship between the reporting party and the controlling party)			
	<i>For Controlling Institutional Client</i>	? <input type="checkbox"/> <input type="checkbox"/> Ever participated in futures trading? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		<i>If yes, please fill in the following items:</i>			
		Member/ Overseas Special Participants Name		Client ID	
Overseas Intermediary Name (If Any)					
? <input type="checkbox"/> <input type="checkbox"/> Ever participated in hedging transaction? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Part Three: Declarant Commitment

1.