



ZUU Digital Financial Services Limited
資遇數字金融服務有限公司

BUSINESS RECORD FORM

Transfer In	<input type="checkbox"/> Yes #
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Client Information			
Policy Owner	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	English	Nationality <input type="checkbox"/> HK <input type="checkbox"/> MCV <input type="checkbox"/> Others
		Chinese	New Client <input type="checkbox"/> Yes # <input type="checkbox"/> No *

Policy Information			
Insured		Product Provider	
Policy No.		Product Name	
Payment Term		Payment Mode	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annually <input type="checkbox"/> Lump Sum
Sum Insured	<input type="checkbox"/> HKD _____ <input type="checkbox"/> USD _____ <input type="checkbox"/> Others _____	Premium	<input type="checkbox"/> HKD _____ <input type="checkbox"/> USD _____ <input type="checkbox"/> Others _____

Checklist for **NEW** client:

- ☐ Certified true copy of identity document
- ☐ Certified true copy of address proof
- ☐ Client Agreement
- ☐ Financial Needs Analysis Form
- ☐ AML Questionnaire
- ☐ RPQ (if applicable)

* Checklist for **EXISTING** client:

- ☐ Certified true copy of identity document
- ☐ Financial Needs Analysis Form
- ☐ AML Questionnaire
- ☐ RPQ (if applicable)

Whole set of documents will be returned if any items are missing.

Licensed Technical Representative		
(Staff Number: _____)		(DD/MM/YYYY)
Name of Technical Representative	Signature of Technical Representative	Date

Writing	
Principal:	
Secondary:	
Name of Advisor	FYC

Direct Upline		
		(DD/MM/YYYY)
Name of Direct Upline	Signature of Direct Upline	Date

Remark: