

Audit Questionnaire

Name of Corporation: _____
("The Licensed Corporation / Licensed Provider")

Financial year ended: _____

We hereby confirm that the information provided herein is accurate to the best of our knowledge and belief.

Auditors' signature: _____

Name of auditors and address: _____

Date: _____



Foreword

In order to assist the Intermediaries Supervision Department of the Securities and Futures Commission ("the Commission") to carry out its functions of supervising licensed corporations and corporations licensed under section 53ZRK of the Anti-Money Laundering and Counter-Terrorist Financing Ordinance ("AMLO") as licensed providers for virtual asset service ("Licensed Providers"), we request the assistance of auditors in completing this questionnaire.

The questionnaire takes for granted that the audit has been carried out in accordance with Hong Kong Standards on Auditing and Hong Kong Standards on Assurance Engagements issued by the Hong Kong Institute of Certified Public Accountants and has covered compliance with the disclosure requirements of the Companies Ordinance, in the case of licensed corporations / Licensed Providers that are incorporated in Hong Kong, the Securities and Futures (Accounts and Audit) Rules and Schedule 3F of the AMLO. The purpose of the questionnaire is to obtain information, not readily available from the audited financial statements, which would help the Commission form a better understanding of licensed corporations / Licensed Providers.

Section 158 of the Securities and Futures Ordinance and Section 53ZSM of the AMLO allows auditors to provide such information to the Commission without the breaching of any duty to the licensed corporations / Licensed Providers.

The Commission recognises that auditors will only examine a sample of transactions during their work. The questionnaire should, therefore, be completed on the basis of information obtained by auditors during the course of the audit of the financial statements covered by the questionnaire. The Commission does not expect auditors to extend the scope of their work in order to complete the questionnaire.

If a question cannot be fully answered by "Yes" or "No" please supply an explanation, using additional schedules if necessary.

The completed audit questionnaire should be submitted, no later than four months after the end of the financial year to which it relates, to:

Intermediaries Supervision Department
Securities and Futures Commission
54/F, One Island East
18 Westlands Road, Quarry Bay, Hong Kong

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. (a) Which areas of system of internal controls of the Licensed Corporation / Licensed Provider have you relied on when conducting your audit? | | | |
| Handling of client accounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealing practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asset protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Others (supply details) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you issued any management letter for internal control weakness(es) in relation to the current audit period? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, please include a copy of the management letter. | | | |
| (c) Is any point raised in previous management letter(s) still unresolved? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide details. | | | |
| 2. (a) Are you aware of any modification, waiver or approval under any rules made under the Securities and Futures Ordinance valid as at the period end date? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) If yes in 2(a), are you aware of any instance where the condition(s) (if any) imposed by the Commission for any such modification, waiver or approval has not been met by the Licensed Corporation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. (For Licensed Corporations only) Are you satisfied that no material inconsistency between the audited accounts and the additional disclosure of financial information as required by the Account Disclosure Document came to your attention? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If not, please give details. | | | |
| 4. Have you identified any material revisions, discrepancies or reclassifications of the balances in the year-end liquid capital computation between the audited financial return and the financial return for the relevant period first submitted by the Licensed Corporation / Licensed Provider to the Commission? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, please give details. | | | |



If the Licensed Corporation / Licensed Provider and / or its associated entity has held client assets during any time in the financial year, please answer questions 5 to 7:

| | Yes | No | N/A |
|--|--------------------------|--------------------------|-------------------|
| In the course of your audit, | | | |
| 5. Are you aware of any instances of management overriding the systems of internal control relating to client assets? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (a) If yes, have you raised management letter point on the issue or qualified your audit report in the current audit period? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) If no in 5(a), please provide details of the instances and explain why the issue does not need to be raised in the management letter or the audit report. | | | |
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| 6. Are you aware of any lack of segregation of incompatible duties in the systems of internal control relating to client assets? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (a) If yes, have you raised management letter point on the issue or qualified your audit report in the current audit period? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) If no in 6(a), please provide details of the lack of segregation of incompatible duties and explain why the issue does not need to be raised in the management letter or the audit report, including compensating controls if any, adopted by the Licensed Corporation / Licensed Provider and / or its associated entity. | | | |
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| 7. In the course of your audit, did you conduct a circularization of client account balances and balances of client securities / securities collateral / client virtual assets held by the Licensed Corporation / Licensed Provider and / or its associated entity? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (a) If yes, please provide the following details. | | | |
| • The cut-off date of the balances being circularized (“reference date”) | | | <u>dd/mm/yyyy</u> |
| • Total number of client accounts from which circularization samples were selected | | | _____ |
| • Total number of client accounts circularized | | | _____ |
| • Total market value of client securities and securities collateral held by the client accounts circularized as at the reference date | | | _____ |
| • Total market value of client virtual assets held by the client accounts circularized as at the reference date | | | _____ |
| • Total debit / credit balances ¹ of the client accounts circularized as at the reference date | | | |
| Total debit balances ¹ | | | _____ |
| Total credit balances ¹ | | | _____ |
| Have you identified any material unexplained discrepancies? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, please provide details | | | |
| <hr/> | | | |
| (b) If no circularisation was conducted for the audit, please briefly describe your audit approach to substantiating client account balances, stockholdings and virtual asset holdings. | | | |
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¹ The total debit / credit balances of client accounts mean the aggregate of the net debit / credit balance of client accounts calculated on a client-by-client basis