致： 信達國際期貨有限公司（「信達國際期貨」）

<table><tr><td>**Ref#**</td><td></td></tr></table>

有關：授權第三者操作期貨交易帳戶事宜

本人/吾等現授權＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ (*身份證號碼/護照號碼:＿＿＿＿＿＿＿＿＿＿＿＿＿)
代表本人/吾等處理本人/吾等在貴公司開立之期貨交易帳戶(帳戶號碼:＿＿＿＿＿＿＿＿＿＿＿＿＿＿)。

獲授權人資料（**請刪去不適用項目）：
1. 與客戶之關係(包括相識年資及相熟程度):
2. 獲授權人之電話號碼:
3. 獲授權人之地址 :
4. 授權原因 :
5. 獲授權人**是/不是貴公司/集團之現有投資帳戶持有人。 **若是，請提供投資帳戶號碼：** 證券交易帳戶：　　　　　　　　　　期貨交易帳戶：
6. 獲授權人**是/不是香港證券及期貨事務監察委員會("證監會")持牌人或註冊人士。 **若是，請提供證監會中央編號：**
7. 獲授權人**是/不是任何其股份可在交易所或市場買賣的公司之高級人員或董事或控制該公司之人士。 **若是，請列出詳細資料：**
8. 獲授權人**是/不是貴公司/集團的僱員/代理人。

獲授權人現聲明以上資料屬真實、完整及正確。獲授權人確認及明白以下之任命及授權。除非「信達國際期貨」接到書面更改通知，否則「信達國際期貨」有權為所有目的，完全依賴這些資料及聲明。
獲授權人簽署
獲授權人姓名：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

本人/吾等要求貴公司批准上述人士自即日起代理本人/吾等於上述帳戶內進行以下的相關事項：
(請於適用項目加上"✓"，不適用項目加"✗")
　　□　　電話指示落盤 (覆盤電話:＿＿＿＿＿＿＿＿＿＿＿ (如與上述不同請註明))
　　□　　查詢帳戶餘額
　　□　　提取帳戶餘額
本人/吾等明白及同意：

1. 以上授權**於每年六月三十日屆滿**。本人/吾等明白貴公司若在本授權書的有效期屆滿前的 14 日，向本人/吾等發出書面通知，提醒本人/吾等本授權書即將屆滿，而本人/吾等沒有在此授權屆滿前反對此授權續期，本授權書應當作在不需要本人/吾等的書面同意下按持續的基準已被續期。
2. 本人/吾等將可能因上述之授權而未能察覺本人/吾等之帳戶內任何差異或錯誤，本人/吾等就此聲明同意負上本人/吾等因此授權產生的所有交易、損失、費用及開支責任，並承擔所有因第三者不當之操作及交易而引致的風險。
3. 貴公司可毋須向本人/吾等發出通知或事先取得本人/吾等同意，而對上述授權作出任何變更或取消。但是，本人/吾等亦有權向貴公司發出 7 個營業日的通知而取消上述授權。

客戶簽署

客戶姓名：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

日期：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

*請提供獲授權人之身份證/護照副本

Signature Verified	Maker	Checker	Approved by

20181011

I/We hereby appoint _____ (*ID No./Passport No.:_____) to operate my/our Futures Trading Account (Account No.: _____) of your company on my/our behalf.

Information of authorized person (**delete where appropriate):
1.   Relationship with client (including Years Known and Degree of Familiarity) :
2.   Telephone No. of authorized person：
3.   Address of authorized person :
4.   Reason of authorization :
5.   The authorized person **is/is not a current investment account(s) holder of your company/group.   **If answer "is", please provide all investment account number(s):**

Securities trading account(s):	Futures trading account(s):

6.   The authorized person **is/is not a person licensed by or registered with the Hong Kong Securities and Futures Commission (the "SFC").   **If answer "is", please provide the SFC CE No.:**
7.   The authorized person **is/ is not a senior officer or director or in control of any company whose shares are traded on any exchange or market.   **If answer "is", please provide details:**
8.   The authorized person** is/is not an employee/agent of your company/group.

The authorized person represents that the above information is true, complete and correct.   The authorized person acknowledges and understands the below appointment and authorization.   CIFL is entitled to reply fully on such information and representations for all purposes, unless CIFL receives notice in writing of any changes.

Authorized Person's Signature

Authorized Person's Name:： _____

The above authorization becomes effective immediately and the coverage of the authorization includes:
(put a "✓" for applicable items and a "✗" for non-applicable ones)

- ☐   Telephone Dealing (Telephone for order confirmation: _____ (please state if differ from the above))
- ☐   Account Balance Enquiry
- ☐   Account Balance Withdrawal

I/We understand and agree:

1.   The above authority **shall be expired on 30th June every year.**   I/We understand that this authority may be deemed to be renewed on a continuing basis without my/our written consent if you issue me/us a written reminder at least 14 days prior to the expiry date of this authority, and I/we do not object to such deemed renewal before such expiry date.
2.   I/We may not be able to detect any abnormalities and mistakes in my/our account with this authority.   I/We hereby declare that I/we am/are responsible for all transactions, loss, cost and expenses due to the authority and undertake all risks of manipulation of Futures trading account and inappropriate dealings.
3.   You can amend or revoke the above authority without my/our consent or giving any notification.   However, I/we can also revoke the above authority any time by tendering 7 business days written notice to your company.

Client's Name:_____

Date: _____

Client's Signature

*Please provide us the ID card/Passport copy of the authorized person

Signature Verified	Maker	Checker	Approved by