

致： 信達國際證券有限公司（「信達國際證券」）

Ref#

有關：授權第三者操作證券交易賬戶事宜

本人/吾等現授權 _____（*身份證號碼/護照號碼： _____）
（「獲授權人」）代表本人/吾等處理本人/吾等在貴公司開立之證券交易賬戶（賬戶號碼： _____）。

由客戶填寫 1 至 2 項資料

1. 與獲授權人之關係（包括相識年資及相熟程度）：

2. 授權原因：

由獲授權人填寫 3 至 8 項資料（**請刪去不適用項目）：

3. 獲授權人之電話號碼：

4. 獲授權人之地址：

5. 獲授權人**是/不是貴公司/集團之現有投資賬戶持有人。

若是，請提供所有投資賬戶號碼：

證券交易賬戶：

期貨交易賬戶：

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。

若是，請提供持牌或註冊人證監會中央編號：

（請獲授權人提供僱主之書面同意書）

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「信達國際證券」接到書面更改通知，否則「信達國際證券」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/吾等於上述賬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“✗”）

- 口頭、電話、書面或任何其他方式發出交易指示（覆盤電話： _____（如與上述不同請註明））
- 查詢賬戶餘額
- 向本人/吾等的指定銀行賬戶提供提款指示
- 向本人/吾等的其他證券交易賬戶提供股票提取指令
- 提供股票提取指令以提取股票（實貨）

本人/吾等明白及同意：

1. 貴公司可在貴公司絕對酌情權下，依賴並按照獲授權人發出或聲稱發出的任何指示行使本授權授予獲授權人的任何權力。貴公司沒有義務與本人/吾等核實獲授權人給出的指示。本人/吾等亦同意所有此類指示應被視為本人/吾等的指示，並對本人/吾等具有約束力。
2. 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限屆滿前的 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。
3. 本人/吾等將可能因上述之授權而未能察覺本人/吾等之賬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。
4. 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七（7）個營業日的書面通知而取消上述授權。

客戶姓名： _____

日期： _____

客戶簽署

*請提供獲授權人之身份證/護照副本

Signature Verified	Maker	Checker	Approved by

To : Cinda International Securities Limited (“CISL”)

Re: Third Party Authorization to Operate Securities Trading Account

Ref#	
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I/We hereby appoint _____ (*ID No./Passport No.: _____) (the “Authorized Person”) to operate my/our Securities Trading Account (Account No.: _____) of your company on my/our behalf.

Information in items 1 to 2 to be completed by the Client	
1. Relationship with the Authorized Person (including Years Known and Degree of Familiarity):	
2. Reason of authorization:	
Information in items 3 to 8 to be completed by the Authorized Person (**delete as appropriate)	
3. Telephone No. of the Authorized Person:	
4. Address of the Authorized Person:	
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 Licensed / Registered Person SFC CE No.: (Please provide the Authorized Person’s employer’s consent letter)	
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. CISL is entitled to rely fully on such information and representations for all purposes, unless CISL receives notice in writing of any changes.	
Authorized Person’s Name : _____	<i>Authorized Person’s Signature</i>

The above authorization becomes effective immediately and the coverage of the authorization includes:

(put a “✓” for applicable items and a “✗” for non-applicable ones)

- Giving trading instructions orally, by telephone, in written or any other methods (Telephone number for order confirmation: _____ (please state if differ from the above))
- Account Balance Enquiry
- Providing funds withdrawal instructions to my/our designated bank account
- Providing stock withdrawal instructions to my/our other securities trading accounts
- Providing stock withdrawal instructions to withdraw shares (physical shares)

I/We understand and agree:

- Your company may, at your company’s absolute discretion, rely upon and act in accordance with any of the instructions given or purported to be given by the Authorized Person exercising any of the power granted to the Authorized Person under this authorization. Your company shall have no obligation to verify the instructions given by the Authorized Person with me/us. I/We also agree that all such instructions shall be deemed to be my/our instructions and shall be binding on me/us.
- The above authorization **shall expire on 30th June every year**. I/We understand that this authorization 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 authorization, and I/we do not object to such deemed renewal before such expiry date.
- I/We may not be able to detect any abnormalities and mistakes in my/our account with this authorization. I/We hereby declare that I/we am/are responsible for all transactions, loss, cost and expenses due to this authorization and undertake all risks of manipulation of securities trading account and inappropriate dealings.
- You can amend or revoke the above authorization without my/our consent or giving any notification. However, I/we can also revoke the above authorization any time by providing a written notice with seven (7) business days in advance to your company.

Client’s Name: _____

Date: _____

<i>Client’s Signature</i>

*Please provide us the ID card/Passport copy of the Authorized Person

Signature Verified	Maker	Checker	Approved by