



### THIRD PARTY AUTHORIZATION FORM

#### 有關授權第三者操作賬戶事宜

本人/吾等現授權\_\_\_\_\_ (身份證號碼\*：\_\_\_\_\_)

代表本人/吾等處理在貴公司開立之賬戶(賬戶編號：\_\_\_\_\_ )。

I/ We hereby appoint\_\_\_\_\_ (ID No\*：\_\_\_\_\_ ) to

operate my/our account (Account No：\_\_\_\_\_ ) in your company on my/our behalf.

\*請提供被授權人的身份證副本 Please provide authorized person's ID copy

#### 被授權人資料如下 Information of authorized person

與客人之關係 Relationship with client：\_\_\_\_\_

被授權人之住址 Address of authorized person：\_\_\_\_\_

被授權人是否證券及期貨事務監察委員會(證監會)持牌人士? Is the authorized person a licensed person with

Securities and Futures Commission (SFC)?

- 否 No
- 是 Yes (請填寫被授權人之僱主名稱及中央編號 Please provide the authorized persons's employer name and SFC CE no.) \_\_\_\_\_

本人/吾等要求貴公司批准上述人仕自即日起代理本人/吾等於上述戶口內進行以下的相關事項：

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

- 電話落盤 Telephone Dealing (覆盤電話 Phone no. for trade confirmation：\_\_\_\_\_ )
- 查詢賬戶餘額 Account Balance Enquiry
- 提取 Account Balance Withdrawal
- 提取實貨股票 Withdrawal of Shares Scripts
- 股票轉倉 Transfer of Share
- 其他 Others (請註明 Please specify) \_\_\_\_\_



本人/吾等同時明白 I/We Understand：

1. 此安排由簽署日起計十二個月內有效 The above authorization is valid for 12 months from the date hereof.
2. 本人/吾等可能未能即時察覺賬戶內因上述之授權而造成任何差異或錯誤,本人/吾等就此確認負責所有因授權所致的交易、損失、成本、支出等，並承擔因授權人操縱賬戶及不當交易的風險及責任。I/We may not be able to detect any anomalies and mistakes in the account with this authorization. I/We hereby confirm to be responsible for all transactions, loss, cost and expenses due to the authorization and undertake all risks of manipulation of account and inappropriate dealings by the authorized person.
3. 貴公司可對上述安排作出任何變更或撤銷而無須事先發出通知或取得本人/吾等同意或。但是本人/吾等亦有權在不少於七(7)個營業日前向貴公司發出通知以撤銷本項安排。Your Company can amend or terminate the above authorization without giving any notification or my consent. However, I/we can also terminate the above authorization any time by written notice no less than 7 days in advance to your company.
4. 如貴公司在到期日前仍未收到本人/吾等之書面反對，該授權書將自動續期 12 個月。Unless you receive my/our written objection on such authorization before the expiry date, it will be renewed for further 12 months.

\_\_\_\_\_  
被授權人姓名

Authorized Person's Name

日期 Date：

\_\_\_\_\_  
被授權人簽署式樣

Authorized Person's Signature

\_\_\_\_\_  
客戶姓名

Client's Name

Date: 日期:

\_\_\_\_\_  
客戶簽署

Client's Signature

**For office use only**

Signature Verified by:	Input by:
Approved by:	Checked by: