THIRD PARTY AUTHORIZATION LETTER

To: Chief Securities Limited (refers hereunder as "Chief")

I/We (the undersigned Client) hereby authorize the person (referred to hereunder as "Authorised Person") as described in the Authorised Person Information Table, to operate on my/our behalf the following account(s) (tick to choose) maintained with Chief in the name of me/us.

A/C Type	Client initial to confirm	A/C Type	Client initial to confirm
☐ Cash A/C	_____	☐ Stock Options A/C	_____
☐ Custodian A/C	_____	☐ Global Stock Margin A/C	_____
☐ Margin A/C	_____	☐ Futures & Options A/C	_____

I/We confirm that the Authorized Person shall have full authority to give trading instructions and relevant notifications^ by telephone or in writing.

^ Relevant notifications such as: account deposit & balance withdrawal, Investor Settlement Instructions (ISIs), corporate action instructions. I/We clearly understand that Chief does not accept deposit which originates from third party other than account owner. And withdrawals are credit to the bank account under my/our name only.

Authorised Person* Information Table (should not be an employee or agent of Chief or its related companies)

English Name: Mr/Ms (中文姓名： 先生/女士)		Chief A/C No. (if available):
ID/Passport No.**:	Date of Birth: _____YYYY_____MM_____DD	
Residential Tel No.:	Mobile Tel No.:	Office Tel No.:
Occupation:	Name of Employer:	
Relationship with Client:	Reason for Authorisation:	
Is the Authorized Person a registered person under the Securities and Futures Ordinance or an employee of any licensed corporation /registered institution registered under the Securities and Futures Ordinance? □ No □ Yes, CE No.: _____Original copy of employer letter of consent must be submitted.		For Official Use Only HKMA □ SFC □ _____

I/We agree that you may, at your absolute discretion, rely upon and act in accordance with any oral, telephone, written instructions or any other methods given or purported to be given by the Authorized Person(s) to you. I/We also agree that any such instructions shall be deemed to be my/our instructions and shall be binding on me/us. I/We further agree to be fully responsible for any acts or omissions of the Authorized Person(s) and we hereby keep you fully indemnified against all losses or damages which you may suffer or incur as a result of such acts or omissions.

I/We declare that the authorization herein shall take effect from the date this Authorization Letter is signed and shall remain in full force and effect for a period of 12 months from the effective date of this Authorization Letter or until a written notice of revoking this Authorization Letter has been received by you from me/us, whichever is the earlier. I/We hereby undertake, upon demand of you from time to time and at all times within such period of time, to ratify and confirm any instructions whatsoever given or purported to be given by the Authorized Person(s) for and on my/our behalf. The authority under this Authorization Letter shall be automatically renewed for a period of 12 months upon its expiry upon the same terms and conditions unless I/we inform you in writing my/our objection to renewal. Chief will send me/us a notice of renewal at least 14 days prior to the expiry of this Authorization Letter.

Signed by Client

_____

Name of Client: : _____

Client A/C No. : _____

Date : _____YYYY_____MM_____DD

Signed by Authorised Person

_____

Name of Authorised Person:_____

***** RISK DISCLOSURE STATEMENT*****

1. This is an IMPORTANT document. By appointing the person herein stated as your Authorized Person to act on your behalf, you should be aware that the person so authorized is acting as your agent. Such authorization gives rise to certain risks and legal consequences of which you should be aware and prepared to accept.
2. Please **DO NOT** sign this letter of authorization if you have not been informed of or do not fully understand the consequences of signing this letter. You are advised to obtain competent legal advice on your rights, obligations and remedies under this letter and to clarify any doubts which you may have before signing on this letter.

Signature of the #Client/Authorised Person/Client and Authorised Person is witnessed by person assigned by Chief

_____

Name of Witness: : _____

CE No.:_____

#Please delete when inapplicable

* Chief shall accept single, same person to be assigned by Client in operating all his/her/their account(s) maintained with Chief.

** A copy of the Authorized Person's identity card / passport and original copy of letter of consent issued by employer of the authorized person (if applicable) should be submitted together with this authorisation letter.

For Official Use Only

From : HQ / Branch	Signature Verified by:	Approved by:	Data Entry by:	Checked by:
Submitted by:				
Fax to HQ: Yes / No	Date:	Date:	Date:	Date: