第三者操作授權書

致：致富證券有限公司 (下稱「致富」)

本人/吾等 (以下簽署之客戶) 特此授權列於下列獲授權人資料表內的人士 (下稱「獲授權人」) 代表本人/吾等操作以下 (以「√」號選擇) 以本人/吾等名義於致富證券有限公司開立之帳戶：

帳戶類別	客戶簡簽確認	帳戶類別	客戶簡簽確認
□ 現金帳戶	_____	□ 股票期權帳戶	_____
□ 現金託管帳戶	_____	□ 環球股票保證金帳戶	_____
□ 保證金帳戶	_____	□ 期貨期權帳戶	_____

本人/吾等確認獲授權人可全權代本人/吾等就以上選擇之帳戶，以電話或書面方式向致富發出交易指示及通知^。

^包括發出存款、提款、投資者交收指示(ISI)及公司行動指示通知。本人/吾等清楚明白致富不接受第三方存款，而提款只存入本人/吾等名義之銀行賬戶。

獲授權人*資料表 (獲授權人不得為致富或其聯系公司之僱員或代理人)

英文姓名：Mr/Ms (中文姓名： 先生/女士)		致富客戶號碼（如有）：
身份證/護照號碼**	出生日期： _____年_____月_____日	
住宅電話：	手提電話：	辦公室電話：
職業：	僱主名稱：	
與授權人之關係：	授權原因：	
獲授權人是否根據證券及期貨條例註冊之人士或受僱於任何根據證券及期貨條例註冊之持牌法團/註冊機構？ □ 否 □ 是，中央編號為：_____ 必須出示僱主發出之同意信正本*		公司專用 HKMA □ SFC □ _____

本人/吾等同意，貴公司有絕對酌情權，依賴及依從獲授權人發出的或看似由獲授權人發出的任何口頭、電話、書面指示及其他方式進行交易。本人/吾等亦同意，所有此等指示均須視作等同本人/吾等之指示，並對本人/吾等具有約束效力。本人/吾等進一步同意對獲授權人之作為或不作為負全責，並就貴公司可能因此蒙受或承擔之損失或損害，作出全數彌償。

本人/吾等聲明，本授權書生效日期為下述之客戶簽署日期，並直至該生效日期起十二個月屆滿或貴公司收到本人/吾等撤銷本授權書之書面通知為止，以較早發生者為準，本授權書將繼續具有全面法律效力和作用。本人/吾等特此承諾，應貴公司在此段時間不時及在任何時候提出之要求，追認及確認獲授權人為及代本人/吾等發出或看似由獲授權人為及代本人/吾等發出之任何指示。在本授權書有效期屆滿前 14 天，貴公司可向本人/吾等以書面方式發出續期通知，除非本人/吾等提出書面反對，本授權書在屆滿時將自動按相同條款及條件予以續期 12 個月。

客戶簽署

_____

客戶名稱：_____

客戶號碼：_____

簽署日期：_____年_____月_____日

獲授權人簽署

_____

獲授權人名稱：_____

***** 風險披露聲明 *****

1. 這是一份重要文件。你應該明白， 當你指派上述人士以你的獲授權人身份代辦事情，該名獲授權人士將會成為你的代理人。你更應該明白此等授權會引致若干風險和法律後果，你應該預備承擔這一切。
2. 倘若你未知曉或不完全明白簽署本授權書之後果，請你不要簽署這份文件。你應該先就你在本文件下享有的權利，義務和補救方法，取得足夠的法津意見，並澄清所有疑問之後，才簽署本文件。

由以下致富指定人士見證#客戶/獲授權人/客戶及獲授權人之簽署：

_____

名　　稱：_____

中央編號：_____

#請刪去不適用者

* 致富只接受客戶授權同一位獲授權人操作客戶名下之所有致富帳戶。

** 請隨本授權書附上獲授權人之身份證/護照副本及獲授權人僱主發出之同意信正本(如適用)。

公司專用

由: 總行 / 分行 遞交人:	簽署核對:	批核:	資料輸入:	資料核對:
曾傳真回總行: 是 / 否	日期:	日期:	日期:	日期:

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: