

Risk Disclosure Declaration

When you authorize others to operate your account, you should understand and assume of the risks arising from this authorization. If you fail to fully understand the legal responsibility and consequences of signing this letter of authorization, please do not sign. If in doubt, consult your legal adviser.

風險披露聲明

當閣下授權他人操作閣下之帳戶，應該明白及承擔此授權行為所引致的若干風險。倘若閣下未能完全明白簽署本授權書之法律責任及後果，請勿簽署本授權書。如有疑問，應諮詢閣下的法律顧問。

THIRD PARTY TRADING AUTHORIZATION

第三方操作帳戶授權書

To 致: Core Capital Securities Limited ("CCS")

凱匯資本證券有限公司 (「凱匯資本」)

Account Name 帳戶名稱: _____ Account Number 帳戶號碼: _____

I/We, the undersigned, holder of the above trading account ("the Account"), hereby authorize and appoint the following person as my/our lawful attorney ("the Attorney"), to act for me/us and on my/our behalf in the same manner and with the same force and effect as I/We might and could do in relation to the Account.

本人/吾等為以上帳戶擁有人(「此帳戶」)，特此授權及委任以下人士為本人/吾等的合法授權人(「授權人」)辦理有關此戶的事宜，該授權人的行為擁有如同本人/吾等親自辦理的效力及效果。

1. Authorized Person 獲授權人士		
English/ Pinyin Name 英文姓名(拼音)		
Chinese Name 中文姓名		
ID / Passport Number 身份証/護照號碼		
Contact Number 聯絡電話		
Email Address 電郵地址		
Residential Address 居住地址		
Relationship with Account Holder 與帳戶持有人的關係		
Reason for Appointing Authorized Person 第三方授權原因		
Is the Authorized Person a Senior Executive, Director or Substantial Shareholder? 獲授權人士是否任何上市公司之高級行政人員/董事/大股東?	<input type="checkbox"/> Yes 是 (Please specify) 謹請說明: _____	<input type="checkbox"/> NO 否
Additional Terms and Conditions (If applicable): 特定條款及條件 (如適用)		



2. My/Our Declaration and Agreement 本人/吾等聲明及同意

I/We at my/our own risks hereby authorise "the Authorised Person", to operate my/our account with Core Capital Securities Limited ("CCS") in the manner as specified below for and on behalf of me/us.

本人/我們在自行承擔風險的前提下，特此授權「獲授權人」按照下文指明的方式代表本人/吾等操作本人/吾等將在凱匯資本證券有限公司（「凱匯資本」）開立的帳戶。

The Authorised Person shall only operate my/our account as specified above in the following manner:

獲授權人僅應按照以下方式操作以上指明的本人/吾等的帳戶：

- to give instructions to CCS to acquire financial products which shall be deposited, transferred to or otherwise credited to my/our account;
向凱匯資本作出指示購買金融產品，存入、轉移至或以其他方式貸記入本人/吾等的帳戶；
- to give instructions to CCS to sell the financial products in my/our account whereby the proceeds of which shall be deposited, transferred to or otherwise credited to my/our account; and
向凱匯資本作出指示出售本人/吾等帳戶中的證券，其所得款項應存入、轉移至或以其他方式貸記入本人/吾等的帳戶；及
- in no circumstances shall the Authorised Person be allowed to withdraw, transfer out of or otherwise remove any monies or financial products in or credited to my/our account.
在任何情況下，獲授權人均不獲准提取、轉出或以其他方式轉移本人/吾等帳戶之中或已貸記入本人/吾等帳戶之內的任何款項或金融產品。

I/We hereby agree that CCS and its staff shall not be liable or responsible for any loss, damage and/or consequential damage suffered by me/us arising from this authorization except where the loss, damage and/or consequential damage suffered by me/us was/were caused by negligence, willful default, dishonesty, fraud or breach of duty on the part of CCS and/or its staff.

本人/吾等特此同意，凱匯資本及其員工無須對本人/吾等因此項授權而遭受的任何損失、損害及/或後果性損害負責，但如本人/吾等所遭受的損失、損害及/或後果性損害是凱匯資本員工的疏忽、故意違約、不誠實、欺詐或瀆職而引致的則除外。

This authorization is valid for a period of 12 months from the date hereof. Unless we receive your written objection on such authorization before the expiry date, it will be renewed for further 12 months.

本授權由簽署日期起十二個月內有效，如本公司在到期日前，還未收到閣下之書面反對，本授權將自動續期十二個月。

The English version of this authorization shall prevail in the event of any discrepancy between the English and Chinese versions of this authorization.

此項授權的英文和中文版本之間如有任何歧義，概以此項授權的英文版本為準。

I/We confirm the information provided in the form is complete and correct, further ensure and undertake that CCS will be duly notified upon any material change of information by writing. I/We further authorise CCS to undertake necessary Credit Assessment and verify such information.

獲授權人現確認此資料表格之資料完整及正確，並向貴公司保證及承諾，若該資料有任何重大改變，將即時以書面通知貴公司。現授權貴公司就該資料進行信貸查詢及核實無誤。

Client Signature 客戶簽署	Authorized Person Signature 獲授權人簽署
Name in Block Letter 姓名正楷	Name in Block Letter 姓名正楷
Date 日期	Date 日期
Witness Signature 見證人簽署	
(to be completed by representative or affiliate of the Company or Professional (any other licensed or registered person with the SFC, a JP, branch manager of a bank, certified public accountant, lawyer, notary public or others)) (由本公司持牌代表或聯繫人士或專業人士(其他證監會持牌人或註冊人、太平紳士、銀行分行經理、執業會計師、律師、公證人或其他)填寫)	
Signed and Certified by 簽署及驗證	Name of witness in Block Letter 見證人姓名正楷
Occupation/Position 職業/職位	Date 日期

Note 注:

Please return the completed Power of Attorney to Operate Trading Account Form with original signature and a certified copy of ID/ Passport of the Authorized Person.

請將填妥附有原跡簽署的第三者操作帳戶授權書連同獲授權人士身份証/護照核證副本交回。

For Office Use Only				
S.V. by:	Phone Record by:	Input by:	Checked by:	Approved by:
Name:	Name:	Name:	Name:	Name:
Date:	Date:	Date:	Date:	Date: