



北京首通證券香港集團有限公司
BEIJING SHOUTONG SECURITIES HONG KONG GROUP LIMITED

香港灣仔港灣道 18 號中環廣場 4005 室

電話 Tel : (852) 3899 1333

Suite 4005, Central Plaza, 18 Harbour Road, Wanchai, Hong Kong

傳真 Fax : (852) 3899 1388

THIRD PARTY AUTHORIZATION FORM
有關授權第三者操作帳戶事宜

I/ We hereby appoint _____ (ID No: _____) to operate my/our account
(Account No: _____) of your company on my/our behalf.

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帳戶(帳戶編號: _____)。

*Please provide authorized person's ID copy

*請提供被授權人的身份證副本

Information of authorized person

被授權人資料如下

1. Relationship with client: _____

與客人之關係

2. Address of authorized person : _____

被授權人之住址

3. Is the authorized person a register person with Securities and Futures Commission (SFC)?

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?

No 否

Yes 是 (Please provide details 請提供資料)

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

(put mark the applicable items)

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: 請於適用專
案註明:

Telephone Dealing (Telephone for execution confirmation : _____) 電話指示落盤(覆
盤電話: _____)

Account Balance Enquiry 查詢帳戶餘額

Account Balance Withdrawal 提取

Withdrawal of Shares 提取帳戶股票(實貨)

Transfer of Share 股票轉倉

Others (Please specify) 其他(請註明)



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I/We Understand:

本人/吾等同時明白:

1. The above authorization is valid for a period of 12 months from the date hereof.

此安排由簽署日期起十二個月內有效。

2. I may not be able to detect any anomalies and mistakes in my account with this authorization. I hereby declare that I am responsible for all transactions, loss, cost and expenses due to the authorization and undertake all risks of manipulation of account and inappropriate dealings.

本人/吾等將可能因上述之授權而未能即時察覺帳戶內任何差異或錯誤而引起致損失或責任,本人/吾等就此同意承擔該等情況下所產生的任何風險及責任。

3. You can amend or terminate the above authorization without my consent or giving any notification. However, I/we can also terminate the above authorization any time by tendering 7-days written notice to our company.

貴公司可無須向本人/吾等發出通知或事先取得本人/吾等同意,而對上述安排作出任何變更或撤銷。但是本人/吾等亦有權向貴公司七(7)個營業日的通知而撤本項安排。

4. Unless we receive your written objection on such authorization before the expiry date, it will be renewed for further 12 months.

如本公司在到期日前,還未收到閣下之書面反對,該授權書將自動續期 12 個月。

Authorized Person's Name

被授權人姓名

Date: 日期:

Authorized Person's Signature

被授權人簽署式樣

Client's Name

客戶姓名

Date: 日期:

Client's Signature

客戶簽署

For office use only

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