

第三者授權書

戶口號碼：_____

致：金聯證券有限公司

本人 _____ (授權人)，身份證號碼 / 護照號碼 _____

現委任以下人士：

獲授權人士姓名	香港身份證 / 護照號碼	客戶與獲授權人士之關係
獲授權人士確認簽署	聯絡電話	若被授權人士為金聯證券有限公司之僱員請填寫(姓名及職位)

代表本人全權處理有關本人在貴公司開設之證券賬戶之買賣，不論該被委任授權人乃如何指定均具有與本人相同之效力。

貴公司因此獲授權及賦予權力在遵從本人所委任之授權人作出有關於 貴公司開設之賬戶指示，而本人確認本人所述之被委任授權人於或就賬戶作出之所有交易或買賣，及同意於獲通知時賠償 貴公司及使 貴公司無須就該等交易所致或貴公司根據上述被委任授權人之指示於本人賬戶作出之任何其他事項或事情之任何損失、責任或損害負責。本人已細閱本授權書之條文，並知悉本授權書授權於本授權書具名之被委任授權人，以上述方式在本人賬戶行使本人可行使之權利及權力，而本人明白代理人或被委任授權人行使該等權利及權力所做之任何事情對本人具有全面約束力。

關於授權書的重要提示

閣下簽署授權書之前務須細閱箇中條款

1. 本公司不會接受客戶的委任授權代為行事。據此，如果閣下根據授權書委任任何人士作為閣下的被委任授權人，該等人士只能以個人身份接受任命。
2. 在下列情況下，閣下才應簽署授權書：
 - (i) 閣下完全明白根據授權書委任被委任授權人的條款和風險；以及
 - (ii) 閣下考慮過所有條款及風險後，自願簽署授權書。如對授權書條款風險有任何不明白之處，就得在簽署授權書之前，徵詢本身律師的意見。
3. 此授權書自簽署起即時生效直至閣下另行通知及得本公司確認後方可終止。

風險披露聲明

本人確認，本人已根據授權書委託授權人，並授以權力，凡被委任授權人行使有關權力而作出對本人有約束力的行為，其簽署的所有合同(包括任何交易或買賣)，本人確認該等風險。本人願意承擔上述所有風險。

本人確認，已閱讀並明白本授權書所附金聯證券有限公司的重要提示。

客戶簽署：_____

S.V.

客戶姓名：

日期

身份證號碼/護照號碼：

For Internal Use Only

Handled by _____	Approved by _____	Date _____
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Third Party Authorization Instruction

Account No. : _____

To : Goldlink Securities Limited

I/We _____ (client) · ID Card/Passport No. _____ hereby
appoint the below-mentioned person

Attorney	ID Card / Passport No.	Relationship with the client
Attorney's Signature	Contact Tel. No.	If the Attorney is an employee or agent of GLS please quote his/her name and the position held.

as my attorney ("Attorney") under the account(s) opened by me/us with you ("Account") with the authority granted to the Attorney in connection with the operation of the Account ("Authorization").

I/We authorize you to follow any instruction relating to the Authorization given by the Attorney pursuant to this Power of Attorney. I/We agree to ratify and confirm all acts done by the Attorney under the Authorization and agree to indemnify you against any loss, liability or damage arising therefrom.

I/We acknowledge that I/we have fully understood all the provisions of this Power of Attorney and understand that the Attorney is authorized to exercise the rights and powers with respect to the Account in the manner set out above and I/we understand that anything the Attorney may do in the exercise of such rights and power binding upon me/us. I/We accept all the risks arising from all the Authorization granted under this Power of Attorney.

Important Notes

Client must read and fully understand the set out below before the document is executed

1. GLS would not accept the appointment of client's authorization to act for him/her. Therefore, the party whom the client appoints to act for him/her must be taken as an individual party for the acceptance.
2. Client should sign this Power of Attorney under the below circumstances:
 - (i) I/We fully understand and accept all the terms and risks arising from all the Authorization granted under this Power of Attorney; and
 - (ii) This Power of Attorney shall be executed at client's own free will having regard to the provisions of the same and client shall consult his/her legal advisers when in doubt.
3. This Power of Attorney shall continue in full force and effect once signed until you receive a written notice of revocation from me/us. All acts done by the Attorney pursuant to this Power of Attorney prior to the actual receipt by you of such notice of revocation shall be valid.

Declaration

I/We confirm that I/we have fully understood all the provisions of this Power of Attorney and understand that the Attorney is authorized to exercise the rights and powers with respect to the Account in the manner set out above and I/we understand that anything the Attorney may do in the exercise of such rights and power binding upon me/us. All documents executed (including any transactions and trading instructions) are deemed to be risky where I/We accept all the risks arising from all the Authorization granted under this Power of Attorney.

I/We confirm that I/we have read and fully understood the important notes set out in this Power of Attorney of Goldlink Securities Limited.

S.V.

Client Name :

Date

ID Card/Passport No. :

For Internal Use Only

Handled by _____	Approved by _____	Date _____
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