

Prior Securities Limited 昇悦證券有限公司

Tel電話: (852)3899 7000 Fax傳真: (852)3899 7012

Email電郵: info@priorsecurities.com.hk

SFC CE NO. 證監會中央編號: BEG494

第三者操作帳戶授權書 Power of Attorney To Operate Trading Account					
致 To: □ 證券 Securities (昇悅證券有限公司 Prior Securities Ltd) (現金帳戶 Cash)					
帳戶名稱 Account Name:	The second secon				
帳戶號碼 Account Number:					
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")辦理有關此帳戶的事宜·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。 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.					
1. 獲授權人士 Authorized Persons					
Information of authorized person 獲授權人資料	Authorized person 第1獲授權人	Authorized person 第2獲授權人			
姓名: Name:					
身份證/護照號碼: I.D. Card/Passport No.:					
簽發國家 Issuing Country:					
關係 Relationship:					
授權原因 Reason:					
聯絡號碼: Contact Number:					
聯絡地址: Correspondence Address					
簽署式樣: Specimen Signature:					
	員會的持牌或註冊人士或任何持牌或註冊人士之 employees of an intermediary licensed/regist				
不是 是 請詳述: No. YES. Please Specify:					
本人/吾等授權貴公司按照本人/吾等授權人的口頭或書面指示·不論該等指示是以電話、傳真或其他電子傳遞方式·有如遵循本人/吾等的指示般·執行及採取下述授權行動。 I/We authorize your Company to follow my/our Attorney's instructions, oral or written, whether by telephone, facsimile or other electronic transmission, as if directly instructed by me/us, with respect to the following authorized powers.					
2. 授權範圍Authorized Powers					
※請在所選擇服務處 Pleas tick the service(s) you selected					
適用於現金證券帳戶 Suitable for Cash Securities Accounts					
Telephone Dealing 電話指示落盤 電話指示落盤 (Telephone No. for execution confirmation 覆盤電話號碼:)					
□ Account Balance Withdrawal 提取帳戶餘額					



SUITES 1505-1507, 15/F, SHUI ON CENTRE, 6-8 HARBOUR ROAD, WAN CHAI, HONG KONG 香港灣仔港灣道6-8號瑞安中心15樓1505-07室

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本人/吾等特此聲明:在任何情况下,獲授權人均不獲准提取、轉出或以其他方式挪走本人/吾等證券交易帳戶之中或已貸記入本人/吾等證券帳戶之內的任何款項、證券或商品。 I/We hereby declare that in no circumstances shall the authorized person be allowed to withdraw, transfer out of or otherwise remove any monies, securities in or credited to my/our securities trading account

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

本人/吾等明白需要承受本人/吾等的授權人因執行上述的行動所帶來的風險。本人/吾等僅此確認.貴公司按照本人/吾等 授權人執行的口頭或書面指示.不論本人/ 吾等是否認知. 均視作對本人/ 吾等具有約束效力。 I/We understand that all such transactions conducted by My Attorney are at my/our own risk. I/We hereby confirm that any transaction effected by your Company on the basis of instructions, oral and written, given by My Attorney aforesaid shall be binding upon me/us whether made with or without my/our knowledge

本人/吾等進一步同意對本人/吾等授權人之作為或疏忽負上全責‧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。 I/We further agree to be fully responsible for any acts or omissions of My Attorney and to keep your Company fully indemnified against all losses or damages that your Company may suffer or incur as a result of such acts or omissions.

此授權書之有效期為本授權書簽署日起的十二個月內終止。貴公司可在有效期屆滿前最少 14 天以書面通知本人此授權書自動續期 12 個月,如在期限屆滿日貴公司沒有收到本人/吾等通知要求撤銷此授權書,此授權書將會按照相同條款自動續 期。本人/吾等承諾,在貴公司出要求時,確認授權人代表本人/吾等所給予的任何指示或簽署的任何文件。 The authority given herein shall remain valid for a period of up to 12 months from the date hereof. The authorization given hereunder shall be deemed to be renewed if your Company give me/us a written reminder at least fourteen (14) days prior to the expiry date of the relevant authorization, and I/We do not object to such deemed renewal before such expiry date. I/We hereby undertake, upon demand from your Company from time to time to ratify and confirm any instructions or documents whatsoever given or signed by the Attorney on my/our behalf.

客戶簽署 Signed By:				
		客戶姓名(正楷):		
		Name(Block Letter):		
日期 Date:				
見證人				
見證人簽署 Signed By:				
		見證人姓名(正楷):		
		Name(Block Letter):		
公司專用 For Office Use Only				
簽名核實:	資料覆核:	批核:	資料輸入:	
Signature Verified By :	Checked By :	Approved By :	Inputted By :	
姓名 Name:	姓名 Name:	姓名 Name:	姓名 Name:	
日期 Date:	日期 Date:	日期 Date:	日期 Date:	

Note:

- (1) 請附上被授權人的身份証/護照副本 及 有效之地址證明。
- (2) 客戶必須將本授權書的正本交到昇悅證券,方為有效。