

第三者操作授權書

致：藍山證券有限公司（下稱“藍山”）

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/吾等名義於藍山證券有限公司開立之帳戶：

帳戶類別 _____ 客戶簡簽確認 _____

現金託管帳戶(港股) _____

保證金帳戶(港股) _____

電子交易服務 _____

獲授權人可全權代本人/吾等就以上選擇之帳戶，以口頭、電話、書面或其他方式發出指示，並簽署任何文件（包括但不限於任何股票或股票期權交易、保管、交收、存款或提款（貴公司只可接受指示提款至本人/吾等名下之銀行帳戶）、企業行動指示及其他任何指示）。

獲授權人*資料表 (獲授權人不得為藍山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）		藍山客戶號碼（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？ <input type="checkbox"/> 否 <input type="checkbox"/> 是，中央編號為：_____ 必須出示僱主發出之同意信正本*			公司專用 <input type="checkbox"/> HKMA <input type="checkbox"/> 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

獲授權人簽署

客戶名稱: _____

客戶號碼: _____

簽署日期: _____ 年 _____ 月 _____ 日

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，取得足夠的法律意見，並澄清所有疑問之後，才簽署本文件。

由以下藍山指定人士見證#客戶/獲授權人/客戶及獲授權人之簽署：

姓名: _____

中央編號: _____
#請刪去不適用者

* 藍山只接受客戶授權同一位獲授權人操作客戶名下之所有藍山帳戶

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

THIRD PARTY AUTHORIZATION LETTER

To : Bluemount Securities Limited (refers hereunder as "Bluemount")

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 Bluemount in the name of me/us.

A/C Type	Client initial to confirm
<input type="checkbox"/> Custodian A/C- HK Stock	_____
<input type="checkbox"/> Margin A/C- HK Stock	_____
<input type="checkbox"/> Electronics Trading	_____

The Authorized Person shall have full authority to give instructions orally, by telephone, in writing or any other methods; and to sign any documents (including but not limited to any stock or stock options contracts purchases, sales, holding, settlement, transfer, deposit or withdrawal of monies (limited to withdrawal made to bank account(s) in name of me/us), corporate actions and other transactions).

Authorised Person* Information Table (should not be an employee or agent of Bluemount or its related companies)

English Name: Mr/Ms _____ / _____		Bluemount 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? <input type="checkbox"/> No <input type="checkbox"/> Yes, CE No.: _____ Original copy of employer letter of consent must be submitted		For Official Use Only <input type="checkbox"/> HKMA <input type="checkbox"/> 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. Bluemount will send me/us a notice of renewal at least 14 days prior to the expiry of this Authorization Letter.

Signed by Client

Signed by Authorised Person

Name of Client: _____
Client A/C No.: _____
Date: _____ yyyy _____ mm _____ dd

Name of Authorised Person: _____

***** RISK DISCLOSURE STATEMENT *****

3. 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.

4. 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 Bluemount

Name of Witness: _____

CE No.: _____
#Please delete when inapplicable

* Bluemount shall accept single, same person to be assigned by Client in operating all his/her/their account(s) maintained with Bluemount.

** 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: