

第三者操作帳戶授權書

致：新確證券有限公司

客戶名稱 Client Name：

客戶號碼 Account No.：

本人授權新確證券有限公司按照本人授權人的口頭或書面指示，不論該等指示是以電話或傳真傳遞方式，有如遵循本人的指示般，執行及採取下述授權行動：

被授權人資料

中文姓名：\_\_\_\_\_

英文姓名：\_\_\_\_\_

聯絡電話：\_\_\_\_\_

身份證 / 護照號碼：\_\_\_\_\_

與授權人關係：\_\_\_\_\_

授權範圍

- ☐ 進行交易：透過本人帳戶買入、賣出證券及 / 或提取證券
- ☐ 帳戶運作：接受及取得有關本人帳戶的資料、文件及 / 或簽署有關本人帳戶的文件包括提取款項及取消帳戶。
- ☐ 簽署文件：代表本人簽署、蓋章和 / 或交付任何貴公司可能需要的與任何指示有關的文件。

客戶簽署確認

\* 請在適當方格剔號及簽署

本人 / 吾等同時明白：

1. 此安排由簽署日期起十二個月內有效。
2. 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。
3. 本公司可無須向本人 / 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發出 7 個營業日的通知而撤本項安排。
4. 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。

本授權書於 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日在見證下簽署。

客戶簽署：

被授權人簽署：

見證人簽署：

客戶姓名：

被授權人姓名：

見證人姓名：

只供內部使用 FOR INTERNAL USE ONLY

INPUT BY      Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
CHECK BY      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Third Party Account Operation Authorization Form**

To: Suncorp Securities Limited

**Client Name :**

**Account No. :**

I hereby authorize Suncorp Securities Limited to act in accordance with verbal or written instructions from the undersigned, whether transmitted by telephone or facsimile, as if such instructions were followed by me, to execute and take the following authorized actions:

**Authorized Person 's information**

Chinese Name : \_\_\_\_\_

Telephone no : \_\_\_\_\_

Relationship with the authorizer : \_\_\_\_\_

English Name : \_\_\_\_\_

ID/Passport number : \_\_\_\_\_

**Scope of Authorization**

- ☐ Conduct transactions: Buy/sell securities and/or withdraw securities through my account \_\_\_\_\_
- ☐ Account Operation: Accept and obtain information, documents Related to my account, and/or sign documents
- ☐ Sign document: Sign, stamp, and/or deliver any documents related to any instructions or behalf of myself that your company may require \_\_\_\_\_

**Customer signature confirmation**

**\* Please check and sign in the appropriate box**

I/We also understand :

5. This arrangement is valid for twelve months from the date of signing °
6. If the Company has not received your written objection by the expiry date, this authorization will be automatically renewed for 12 months °
7. The Company may make any changes or cancellations to the above arrangement without notice to me/us or obtaining my/our prior consent. However, I/We also have the right to notify your company and cancel this arrangement with / business days' notice
8. I/We acknowledge that due to the above authorization, I/we may not immediately detect any discrepancies or errors in the account which may result in losses or liabilities. I/We agree to assume any risks and liabilities arising from such situations.

This authorization form is valid from \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day Sign in the presence of a witness °

**Customer Signature :**

**Authorized persons signature**

**Witness signature :**

**Customer Name :**

**Authorized persons Name :**

**Witness Name :**

**FOR INTERNAL USE ONLY**

INPUT BY      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHECK BY      Signature: \_\_\_\_\_ Date: \_\_\_\_\_