

**Letter of Authorisation and Authorised Person's Information Statement**

Attention : Responsible Officer  
Sanston Financial Group Limited (CE NO.: AOR964)  
Unit 2812, 28/F, The Center  
99 Queen's Road Central. Hong Kong

With reference to the Account Name and Number of \_\_\_\_\_ (.....).

1. I/We, the undersigned, hereby request and authorise the following person (Authorised Person) who is not an employee/agent of you as my/our representative and attorney-in-fact for purchase and sales (including short sales) or otherwise dealing in securities whether on margin or otherwise on behalf of the Account in accordance with such terms and conditions which you may from time to time prescribed for the Account, and at my/our own risk.

Authorised Person's Name : \_\_\_\_\_

Identity Card / Passport No : \_\_\_\_\_

Relationship with the client(s) : \_\_\_\_\_

Authorised Person is a Licensed person / an employee of a licensed corporation with the SFC? \*YES / NO

*\*Note - If Yes, please attach a consent letter from the licensed corporation, with approval of its' employee being an Authorised Person.*

2. Without limiting the generality of the powers of the Authorised Person to act for me/us in my/our dealing with you in securities, I/We declare and agree that the Authorised Person shall have the powers to give oral or written instructions in the buying and selling (i.e. placing order) in the securities for my/our Accounts with you and shall have the authority to execute agreements and or documents relating to my/our Account and its operations. I/We hereby authorise you to accept and act upon the instructions given by the Authorised Person.
3. I/We further declare and agree that generally in all dealings and transactions in securities between me/us and you, the Authorised Person shall have power to act as fully and effectually for all intents and purposes as I/we could do if personally present and acting in the matters and transactions aforesaid and also in such other matters and transactions as may arise in the course of business for all which this shall be a sufficient authority. I/We hereby agree that all instructions given, as understood and acted on by you in good faith, shall be irrevocable and binding on me/us.
4. I/We agree to indemnify and hold you harmless from and to pay you forthwith upon demand of any and all losses in connection therewith, arising from or debit balance due thereon.
5. I/We declare that all acts and matters heretofore done by the Authorised Person for me/us in the Account with you are hereby ratified and confirmed and I/We will ratify all acts and matters which may be hereafter done by the Authorised Person for or on the Account.
6. I/We agree that in the event of my death/our liquidation, the acts of the Authorised Person shall be binding upon my/our executors, administrators or liquidator (as may be appropriate) and all other persons claiming from or under me/us until notice in writing of such death and liquidation shall have been given to you by a party entitled to give such notice.
7. I/We agree that this authorization is in addition to and in no way limits or restricts any rights which you may have under any other agreement(s) between me/us and you, and will enure and continue in favour of you and your successors, and assigns notwithstanding any change by merger, amalgamation, consolidation or admission or retirement of partners or otherwise which may be made in the constitution of you by which the business may for the time being carried on.
8. I/We hereby acknowledge that the appointment of the Authorised Person hereunder has been made by me/us out of my/our own free will and as a result of my/our own judgments and deliberations. You shall be under no liability whatsoever in respect of any loss or damage which I/We may suffer or incur as a result of the acts or omissions of the Authorised Person I/We further agree to be fully responsible for such acts or omissions of the Authorised Person and to keep you fully and effectually indemnified against all losses or damages which you may suffer or incur as results of such acts or omission.



**INFORMATION STATEMENT OF THE AUTHORISED PERSON 獲授權人資料**

PERSONAL DETAILS 個人資料

Name of Authorised Person 獲授權人姓名(英文)

Mr 先生/ Mrs太太 / Miss小姐 : \_\_\_\_\_

Date of Birth 出生日期 : \_\_\_\_\_ Date日 \_\_\_\_\_ Month月 \_\_\_\_\_ Year年 Nationality 國籍 : \_\_\_\_\_

HKID/Passport No. 香港身份證或護照號碼 (Please enclose copy 請附副本) : \_\_\_\_\_

Correspondence Address 通訊住址 : \_\_\_\_\_  
: \_\_\_\_\_

Contact No. 聯絡電話號碼 : \_\_\_\_\_ Fax No. 傳真號碼 : \_\_\_\_\_

Email Address 電郵地址 : \_\_\_\_\_

EMPLOYMENT DETAILS (受僱詳情)

( ) Employed (受僱) ( ) Self-Employed(自僱)

Company Name 公司名稱 : \_\_\_\_\_

Business Address 公司地址 : \_\_\_\_\_  
: \_\_\_\_\_

Occupation (Type of Business) 職業/業務性質 : \_\_\_\_\_ Year(s) Employed任職年期 : \_\_\_\_\_

INVESTMENT DETAILS (投資詳情)

Securities Trading 證券交易 ( ) No 沒有 / ( ) Yes 有 \_\_\_\_\_ years年

Futures/Options Trading 期貨/期權交易 ( ) No 沒有 / ( ) Yes 有 \_\_\_\_\_ years年

Forex/Commodity Futures Trading 外匯/商品期貨交易 ( ) No 沒有 / ( ) Yes 有 \_\_\_\_\_ years年

Others (Please state)其它(請注明) \_\_\_\_\_ ( ) No 沒有 / ( ) Yes 有 \_\_\_\_\_ years年

DISCLOSURE OF IDENTITY 相關身份披露

a) Are you (or via a company in which you have ultimate beneficial interests) a client of Sanston Financial Group Limited ? 閣下是否萬富金融集團之客戶?

( ) No 否 / ( ) Yes, my account number 是,本人客戶號碼為 : \_\_\_\_\_

b) Are you acting as an Authorised Person of another client(s) of Sanston Financial Group Limited ? 閣下是否為萬富金融集團其他客人之授權人?

( ) No 否 / ( ) Yes, name of clientS 是,客戶姓名為 : \_\_\_\_\_

If yes, please state relationship with client(s) 與授權人客戶關係 : \_\_\_\_\_