

STANDING AUTHORITY

APPOINTMENT OF AUTHORIZED PERSON

Date : _____

TO : VICTORY SECURITIES CO. LTD., Hong Kong.

Re: Securities A/C No. _____ in name of _____

I/We hereby request and authorize you to include the following person(s) ("Authorized Person(s)") to act for me/us and on my/our behalf in relation to the following matters in connection with my/our above account ("the Account") with you:-

1. To place order(s) to effect purchases and sales of, and to trade in any and all kinds of securities, including but not limited to, shares, stocks, debentures, loan stocks, unit trusts, mutual funds, warrants, options, bonds and notes whatsoever and wheresoever issued (all of which are referred to as "Securities"), on margin or otherwise, at my/our risk;
2. To instruct you to make payment of monies from the Account, and to receive and direct payments therefrom by way of cheque (s) **payable to me/us** or direct deposit into such **bank account(s) in my/our name.**
3. To give settlement instructions in relation to such client account(s) in my/our name maintained with any other brokerage house or firm or clearing house; and
4. To receive statements or transactions made for the Account(s) and to approve and confirm to the same, to receive any and all notices, contracts or other correspondences in relation to the Account

You are accordingly authorized and empowered to follow the instruction of my/our Authorized Person(s) in every aspect concerning the Account with you, and I/we hereby ratify and confirm any and all transactions, trades or dealings effected in or for the Account by the Authorized Person(s), and agree to indemnify you and hold you free and harmless on demand of any loss, liability or damage by reason of such transaction, or by reason of any other matter or things done by you in and for the Account pursuant to instructions received from the Authorized Person(s).

This Authority is effective from the date hereof until further notice but is revocable by 14 days prior notice in writing duly signed by me/all of us served by me/us on you provided that such revocation will not release me/any of us from any liability under the terms of this Authority in respect of any act performed by you pursuant to this authority before the expiry of such time.

LIST OF AUTHORIZED PERSON(S)

<u>Name of Authorized Person</u>	<u>*HKID / Passport No. (Copy herewith attached)</u>	<u>Whether employee of Person licensed by SFC with A/C holder</u>	<u>Relationship</u>	<u>Specimen Signature</u>
_____	_____	# Yes / No	_____	_____
_____	_____	# Yes / No	_____	_____

Signing condition for written instruction : * any one singly / * signing jointly

Yours faithfully,

In the presence of:-

Client's Signature

Sales Officer's signature

FOR OFFICE USE ONLY

Signature verified by

Approved by

** Please delete where not applicable*
Please delete where not applicable,
if answer is "Yes", please specify name of Employer