

THIRD PARTY AUTHORIZATION LETTER

To: CENTRAL WEALTH SECURITIES INVESTMENT LIMITED (refers hereunder as "CWSI")

I/We (the undersigned Client) hereby authorize the person (referred to hereunder as "Authorized Person") as described in the Authorized Person Information Table, to operate on my/our behalf the following account(s) (tick to choose) maintained with CWSI in the name of me/us.

Cash Account Margin Account Stock Options Account

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).

Authorized Person Information

(Should not be an employee or agent of China For You Securities)

Chinese Name:	(Mr/Ms)	ID/ Passport No.:
English Name:	(Mr/Ms)	Date of Birth: YYYY MM DD
Home Tel No.:	Mobile No.:	Office Tel No.:
Occupation:	Name of Employer:	
Relationship with Client:	Reason for Authorization:	
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)		

1. 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.
2. 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.
3. 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. CWSI 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 Authorized Person

 Name of Client: _____
 Client A/C No.: _____
 Date: _____ YYYY MM DD

 Name of Authorized Person: _____

 Signature of the Client and Authorized Person is witnessed by
 person assigned by China For You Securities

Risk Disclosure: 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. 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.