

# Power of Attorney for Securities Account

To: Minerva Securities Limited

Date:

I/We (A/C holder) \_\_\_\_\_ (Securities A/C No: \_\_\_\_\_) hereby authorize  
(Authorized Person) \_\_\_\_\_ to act on my/our behalf **in the sale and purchase of securities,  
the application of initial public offer and the confirmation of the election events of the listed companies (e.g. election  
of cash or scrip dividend, subscription of right shares, confirmation of cash offer and privatization, etc)** under the  
above securities account. I/We shall be liable for any costs, charges, losses or other liabilities of all the transactions made  
by the authorized person. The authorized person shall not pay for the said costs, charges, losses or other liabilities in order  
to prevent unauthorized use of the account.

Unless I/we withdraw or change this authorization by giving the Company notice in writing, this authority will  
expire on **31 December** (year), and shall be deemed to have been renewed for subsequent periods, not  
exceeding 12 months at any one time, upon the same terms and conditions as specified in this authority either with my/our  
written consent or if I/we do not object to renewal, provided that you have given at least 14 days' prior written notice  
reminding me/us of its impending expiry. I/We shall be regarded as having given the authority to you. You will give a  
written notice to remind me/us within 7 days after the expiry for a new period of the authority.

I/We understand and accept the risks of the authorization to a third party to operate my/our securities account.

## **Account holder**

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

HKID/Passport No.: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

## **Authorized person**

Name: \_\_\_\_\_ HKID/Passport No.: \_\_\_\_\_

Is authorized person a dealer representative, responsible officer or employee of Minerva Securities Ltd?

Yes (Please provide employer's consent letter)  No

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

## **Witness**

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

HKID/Passport/SFC CE No.: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

1- Is the authorized person a dealer representative or responsible officer of other intermediary (licensed corporation) licensed for  
Type 1 Regulated Activity (dealing in securities)?

Yes. Name of the Authorized person: \_\_\_\_\_ (SFC CE. No.: \_\_\_\_\_)

No

2- Is the authorized person a client of Minerva Securities Ltd.?

Yes, A/C No. is \_\_\_\_\_

No

3- Relationship between the account holder and the authorized person: \_\_\_\_\_

### Notes

1. Please provide **certified true copy** of the HKID card/passport of the account holder and authorized person
2. Client should understand the risks before signing this Power of Attorney.

### For Office Use

"D" placed behind the client name : \_\_\_\_\_

Approved by: \_\_\_\_\_

Update discretionary a/c list : \_\_\_\_\_

Date: \_\_\_\_\_