

## 指令下達委託書

致：直達國際金融服務有限公司  
指示事項：指令下達

賬戶號碼：\_\_\_\_\_ 賬戶名稱：\_\_\_\_\_  
賬戶類別： 期貨 證券現金 證券保證金

本人/吾等現授權以下人士代表本人/吾等給予直達國際金融服務有限公司（簡稱“直達”）電話或書面的買賣以上所選取賬戶類別的買賣指令。茲證明此授權人有足夠的權力代表本人/吾等完成一切買賣指令。此授權自直達審核通過之日起生效，授權有效期至 \_\_\_\_\_（日/月/年），（不得超過12個月；如未設立，則默認客戶的指令下達常設授權到期日為從本授權日起計算不足12個月的下一個6月30日或12月31日，並以較晚的日期為到期日。），授權人書面通知直達撤銷除外。

### 獲授權人士資料：

獲授權人姓名：\_\_\_\_\_ 身份證或護照號碼：\_\_\_\_\_  
電子郵箱：\_\_\_\_\_  
住宅/公司地址：\_\_\_\_\_  
住宅/公司電話：\_\_\_\_\_ 手提電話：\_\_\_\_\_  
授權人與授權人的關係：\_\_\_\_\_ 授權原因：\_\_\_\_\_  
獲授權人是否為直達的雇員或代理人： 是 並非  
獲授權人是否為持牌人或註冊人： 是 並非  
獲授權人印鑒式樣：\_\_\_\_\_

本人/吾等明白並清楚瞭解以上獲授權人士並不能給予資金調撥的指令。本人/吾等同意對獲授權人之所有交易內買賣之盈餘虧損均由本人/吾等全責承擔。本人/吾等同意對此授權委託下所引致的任何損失賠償予直達，使之不受損害。此授權書有效期屆滿前 14 天，直達可向本人/吾等以電郵方式發出續期通知。除非本人/吾等提出書面反對，本授權書在屆滿時將自動按相同條款及條件予以續期 12 個月。

本人/吾等確認直達已按照本人/吾等選擇的語言（中文 / 英文）清楚解釋以下的警告條文。本人/吾等確認被邀請細閱以下的風險披露，及獲邀提問及徵詢獨立的意見。

在簽署此信前，請仔細考慮以下風險：

「本人/吾等明白並理解以上獲授權人士將全權代表本人/吾等給予直達任何指令（但資金調撥則除外）。本人/吾等亦明白以上獲授權人士給予直達的一切指令均對本人/吾等有約束力。」

\_\_\_\_\_  
客戶簽署及/或蓋章

\_\_\_\_\_  
日期

公司專用			
錄音編號	錄音時間及日期	情況備註	確認人
風控主管	負責人員	結算部	
		錄入	審核
備註:			

## Specific Dealer Authorization

To: DA International Financial Service Limited

Authorized Matter: Authorized Trading

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Account Type: Futures Securities Cash Securities Margin

I/We hereby authorize the following person to act for and on my/our behalf to give telephone or written buy/sell instructions to DA International Financial Service Limited ("DA") in relation to dealing in the abovementioned account. I/We hereby certify that the authorized person shall have full authority to act for and on my/our behalf to execute all buy/sell instructions. This Authorization takes effect upon approval by DA, until \_\_\_\_\_ (dd/mm/yy), **(for no more than 12 months; if the expiry date is not provided, the expiry date of the Specific Dealer Standing Authorization is the later of the nearest 30th day of June or the nearest 31st day of December subsequent to the date this Authorization)**, unless revoked by my/our written notification to DA.

### Information of Authorized Person:

Name: \_\_\_\_\_ ID or Passport Number: \_\_\_\_\_

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

Home/Office Address: \_\_\_\_\_

Home/Office Tel Number: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Reason of Authorization: \_\_\_\_\_

Is authorized person related to any DA employee: Yes No

Is authorized person a licensed or registered person: Yes No

Specimen Signature: \_\_\_\_\_

I/We fully understand that the above authorized person shall not give fund transfer instructions. I/We agree that I/we shall take full responsibility for all losses and gains from all the dealing instructions from the authorized person. I/We agree that I/we shall indemnify DA against any loss resulted from this authorization and hold DA harmless. DA could give a notice to remind me/us of the renewal of this instruction via email at least 14 days prior to the expiry of this authorization. Unless I/we object in writing, this authorization will be renewed upon expiry for a further 12-month period upon the same terms and conditions.

I/We confirm that DA has explained explicitly to me/us the following warning in my/our preferential language (Chinese / English). I/We confirm that I/we have been invited to read the following Risk Disclosure Statements and invited to ask questions and take independent advice.

**Before Signing, please carefully consider the following risks:**

**[I/We fully understand that the above authorized person shall act for and on my/our behalf in full authorization to give any instructions (except fund transfer instructions) to DA. I/We also understand that all instructions given by the above authorized person to DA shall be binding on me/us.]**

\_\_\_\_\_  
Client's signature and/or Corporate Seal

\_\_\_\_\_  
Date

Office Use Only			
Recording Number	Recording Time and Date	Remarks	Confirmed by
Risk Control Manager		Responsible Officer	Settlement
		Input	Check
Remarks:			