开户授权书

致: 汇丰银行(中国)有限公司("贵行")								
本人,, 作为 人,授权								
(可采用新的贵行收到新变更生效员 贵行在原授 承担。通过 件,不得视	的法定代表人授权 授权文件的书面了 期生效。在相关级 权失效之前,按照	书的形式, E本的下一个 E更生效之前 照原授权执行 传真或者任 情。	下称"新授权" 、银行工作日或 ,本授权书项 厅任何相关指令 任何其他形式的	及本公司公章核证的变更文件 文件")通知贵行。相关变更自 (若更迟)新授权文件上所载 下的授权("原授权")仍然有效, 所产生的任何损失均由本公司 即时通讯方式所发送的变更文				
姓名	在我公司职务 及联系方式	证件类型	证件号码	签字样本				
法定代表人签字			公司公章					
日期:	年	月 _.		日				
	 双人全名。.							
2请写明账户的								

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Power of Attorney for Account Opening

To: HSBC Bank (China) Company Limited (the "Bank")									
I,		, as the le	gal represent	ative of	(the				
"Co	I,, as the legal representative of (the "Company"), hereby authorize ¹ to								
"Company"), hereby authorize1 to execute any document in respect of the opening of such account(s):									
Any amendment or change to this Power of Attorney shall be communicated to the Bank with an amending letter bearing the signature/chop of our legal representative and company chop (which could be in form of a new power of attorney, each a "New Authorization Document"). Such amendment or change shall become effective on the next banking day after the Bank receives original hard copies of such New Authorization Document or (if later) on the amendment effective date as specified in such New Authorization Document. The authorization hereunder ("Original Authorization") will remain in full force and effect until the relevant amendment or change takes effect. Any loss incurred by the Bank from the execution of any relevant instruction according to the Original Authorization before the Original Authorization ceases to be effective, shall be borne by the Company. No amendment document in respect thereof sent via telephone, email, fax or any other instant communication method shall be deemed as a valid amendment document. The authorized person(s) above is (are) staff(s) of the Company, with details as follows:									
Na	me	Job Title in the Company and Contact Information	ID Type	ID Number	Specimen Signature				
Legal Representative				Company Chop					
Date	e:	Year		Month	Day				

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¹ Please state the full name(s) of the authorized person(s) ² Please specify type and currency of the account(s).