

THE SOCIALIST REPUBLIC OF VIETNAM Independence - Freedom - Happiness ---000---

Ho Chi Minh City, _____

AUTHORIZATION FORM

(For Authorizee only)

DC Blue Chip Fund (DCBC) To:

Investor's name:	
is the investor of DC Blue Chip Fund.	
ID/Business License no.:	datedat
Email:	Tel:
Address:	
Total fund units owned:	
Now, I/We would like to authorize to:	
1. Fund Manager/ Member of Board	of Representatives (Note: only choose one)
☐ Ms. Luong Thi My Hanh – I	
	Member of Board of Representatives
If the attorney under this Section 1 a and the authorization form shall have	bsents oneself from the meeting, I/we disagreed to authorize no validity
	no vanany.
Or:	no value.
Or:	
Or: 2. Authorizee's name:	
Or: 2. Authorizee's name: ID no.:	datedat
Or: 2. Authorizee's name: ID no.: Address:	atat
Or: 2. Authorizee's name: ID no.: Address: Email:	datedatatand vote in all points mentioned the Annual General
Or: 2. Authorizee's name: ID no.: Address: Email: On behalf of I/ My company to attend a Meeting of Investors of Financial Year Authorizee	and vote in all points mentioned the Annual General 2021 of DCBC on April 12, 2022. Authorizer
Or: 2. Authorizee's name: ID no.: Address: Email: On behalf of I/ My company to attend a Meeting of Investors of Financial Year	and vote in all points mentioned the Annual General 2021 of DCBC on April 12, 2022.
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Or: 2. Authorizee's name: ID no.: Address: Email: On behalf of I/ My company to attend a Meeting of Investors of Financial Year Authorizee (Sign and seal)	and vote in all points mentioned the Annual General 2021 of DCBC on April 12, 2022. Authorizer (Sign and seal)
Or: 2. Authorizee's name: ID no.: Address: Email: On behalf of I/ My company to attend a Meeting of Investors of Financial Year Authorizee (Sign and seal)	and vote in all points mentioned the Annual General 2021 of DCBC on April 12, 2022. Authorizer (Sign and seal)

DC BLUE CHIP FUND (DCBC)
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