

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:	
Fund trading account:	
Total fund units owned:	
Now, I/We would like to authorize to:	
1. Fund Manager/ Member of Board of Rep	resentatives (Note: only choose one)
☐ Ms. Luong Thi My Hanh – Fund M	anager
☐ Ms. Pham Thi Thanh Thuy – Mem	ber of Board of Representatives
If the attorney under this Section 1 absents and the authorization form shall have no valid	oneself from the meeting, I/we disagreed to authorize dity.
Or:	
2. Authorizee's name:	
ID no.:	datedat
Address:	
Email:	
On behalf of I/ My company to attend and vot Meeting of Investors of Financial Year 2021 -	e in all points mentioned the Annual General - 2 nd Call of DCBC on May 05, 2022.
Authorizee	Authorizer
(Sign and seal)	(Sign and seal)
*** Please kindly fax and post this Authorization form (or	

DC BLUE CHIP FUND (DCBC)
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