**Instituition Authorization Certificate**

Institution Full Name：

Name of Authorized Person:

This institution authorizes \_\_\_\_\_\_*Name\_*\_\_\_\_\_\_\_\_\_\_

ID Card Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be the administrator of the institution in the CFETS API Service System (□FI Market Member □FX Market Member □Information Vendor□ISV), who can perform API business application, user management, and organization information management.

Hereby certify.

Date:\_\_\_*YYMMDD\_*\_\_\_\_\_

Authorized Seal:\_\_\_\_\_\_\_\_