

**SOCIALIST REPUBLIC OF VIETNAM**  
**Independence – Freedom – Happiness**

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**LETTER OF AUTHORIZATION**

*“For attending the 2015 Annual General Shareholders’ Meeting  
Viglacera Cooperation – Joint Stock Company”*

**To: ORGANIZATION COMMITTEE OF THE 2015 ANNUAL GENERAL  
SHAREHOLDERS’ MEETING OF VIGLACERA CORPORATION – JSC**

Name of Principal: .....  
Address:.....  
ID No. / Business Registration Certificate:..... Date                      of                      Issue:  
..... Place of Issue:.....  
Telephone:....., Fax:....., Email: .....  
Representative(*for organization only*): Mr./Ms. .... Position:.....  
Shareholder’s code:....., Number of shares in holding: .....  
(in words:..... )  
(Hereinafter referred to as "**Principal**")

**HEREBY AUTHORIZES**

Mr. /Ms.....  
Address.....  
ID No....., Date of Issue:....., Place of Issue:.....  
Telephone:....., Fax:....., Email: .....  
Number of authorized shares: .....  
(in words:..... )  
(Hereinafter referred to as "**Authorized person**")

On behalf of the Principal, to be responsible for the following works as a representative for the above shares authorized:

- Participate in the meeting, make comments on discussion at the meeting;
- Vote on issues risen, submitted at the meeting for approval;
- Conduct relevant responsibilities and obligations equivalent to the number of authorized shares at the meeting;
- Sign necessary documents;

Authorized party must follow work regulations of the meeting properly, not to authorize the third party, and to report results of the meeting to the Principal.

Authorization time is from signing date to the end of the meeting or until a de-authorizing document is sent to the Organizer before the meeting begins.

This letter of authorization is only valid within the 2015 Annual General Shareholders’ Meeting of Viglacera Corporation – Joint Stock Company, and is made into 02 (two) original sets, each party keeps 01 (one) copy, with equal legal value.

Authorized person commits to accept all behaviors of the Principal within the above scope of work.

**Authorized Person**  
(*Signature with Fullname*)

**Principal**  
(*Signature with Fullname*)