

要保書/保單編號 Application/Policy No.

補充陳述書-適用於(準)保單持有人/受抵人為組織機構

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SUPPLEMENTARY INFORMATION FORM – Applicable To Entity As (Proposed) Policyholder /Assignee

(準)保單持有人姓名 Name of (Proposed) Policyholder	
(準)受保人姓名 Name of (Proposed) Insured	
保險中介人姓名 Insurance Intermediary's Name	
保險中介人註冊編號 Insurance Intermediary's Registration Code	
分行/中介人編號及聯絡電話號碼 Branch/ Intermediary's Code and Contact No.	/

(準)保單持有人/受抵人名稱(組織機構名稱) Name of the (Proposed) Policyholder /Assignee (Name of Entity)			
(準)保單持有人/受抵人的業務性質 (Proposed) Policyholder/Assignee's Business Nature		公司註冊日期 Date of Registration	____/____/____ 年 Year 月 Month 日 Day
商業登記號碼 Business Registration No.		註冊成立之國家/地區 Country/Region of Registration	
註冊辦事處地址 Registered Office Address	城市 City	國家/地區 Country/Region	
公司營運地址 (如與註冊辦事處地址不同) Business Address (if different from Registered Office Address)	城市 City	國家/地區 Country/Region	
《海外帳戶稅收合規法案》 組織身份 FATCA Entity Status	<input type="checkbox"/> 美國組織 (如:公司/機構/企業在美國或根據美國的法律註冊·請填妥並遞交 W9 表格) U.S. Entity (e.g. Company/organization/business registered in the U.S. or under the laws of the U.S., please complete and submit W-9 form)		
	<input type="checkbox"/> 組織身份Entity Status (請註明Please specify 請填寫及遞交W-8BEN-E或同等文件及向閣下的稅務顧問查詢閣下《海外帳戶稅收合規法案》之組織身份 Please complete and submit W-8BEN-E form or other equivalent form and consult your own tax consultant for FATCA entity classification.		

請提供組織機構的所有有權行使或控制行使公司超過 25%之投票權的個人股東資料
 Please provide personal information of all individual shareholders with over 25% share capital/ voting right

	股東姓名 Name of Shareholder	擁有組織的股份百分比 Percentage of Share Holding (%)
1		
2		
3		
4		

註 Note:

- 所有有權行使或控制行使公司超過 25%之投票權的個人股東·每位股東需分別填寫及遞交「補充陳述書 - 適用於個人股東」。
 All individual shareholders with over 25% share capital/voting rights shall individually complete SUPPLEMENTARY INFORMATION FORM – Applicable to Individual Shareholder.
- 如實體/(準)保單持有人是被動非財務實體·所有有權行使或控制行使公司超過 25%之投票權的個人股東·每位股東需分別填寫及遞交「自我證明表格 - 控權人」(新單適用)。
 If the entity/ (Proposed) Policyholder is a passive NFE, all individual shareholders with over 25% share capital/voting rights shall individually complete Self-Certification Form – Controlling Person (For New Business Use).



客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 CUSTOMER ACKNOWLEDGEMENT REGARDING COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE ACT AND OTHER APPLICABLE LAWS

閣下認知中國人壽保險(海外)股份有限公司(下稱“本公司”)須遵從、遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務、政府和/或其他監管機構等協定的要求，包括但不限於美國國稅局(以下簡稱“監管機構”)在不同的司法管轄區不時頒布及修訂的協定(以下簡稱“適用規定”)。在這方面，閣下同意本公司可以在任何時候完全酌情採取任何相關行動，包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

You acknowledge that China Life Insurance (Overseas) Company Limited (hereinafter called “the Company”) shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the Internal Revenue Service of the United States of America (the “Authorities” and each an “Authority”) in various jurisdictions as promulgated and amended from time to time (the “Applicable Requirements”). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company’s compliance or adherence with the Applicable Requirements.

客戶同意向第三方披露資料 Customer consent to disclose information to third parties

閣下同意本公司可能將根據適用規定的要求，向任何監管機構披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險(集團)公司或中國人壽保險(集團)公司的其他成員進行。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間(由提出申請或知會變更資料的90日期天)內，向本公司提供相關的資料。

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the China Life Insurance (Group) Company or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

更新客戶有關國籍、稅務狀況的資料及其他資料

Updating of customer information about nationality, tax status and others

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下或閣下向本公司購買的保險計劃，遵行適用規定下的義務。

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時(30日期天之內)向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人(擁有或控制超過25%股份或所有權或管理權的人士)、稅務狀況、稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及/或簽署(並且如有需要，由公證人作出公證)的稅務申報或表格。

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新、準確或完整，為確定本公司持續遵從適用規定，閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company’s obligations under all Applicable Requirements concerning you or your policies with the Company.

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 25% of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of the Company.

為遵循 FATCA 及相關的本地法規，本人/我們同意貴公司提供本人/我們的個人資料予美國或相關的本地司法、稅務或其他監管機構，以確保貴公司遵行 FATCA 或適用規定。

"Pursuant to FATCA or applicable local laws, I/we hereby consent to the Company to report my/our personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws."

個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood Personal Information Collection Statement (“PICS”) of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

聲明 DECLARATIONS

本人/我們謹此聲明，本人/我們所作以上陳述為事實之全部，並同意該等陳述將作為本人/我們致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料，繕發之保單將根據貴公司的選擇而無效或可使無效。

I/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued may be void or voidable at the option of the Company.

保險中介人簽署
Insurance Intermediary’s Signature

(準)保單持有人簽署
Proposed Policyholder’s Signature

(準)受保人簽署 (若年齡在 18 歲或以上)
Proposed Insured’s Signature (If age 18 or above)

_____/_____/_____(年 Year/月 Month/日 Day)

組織機構為(準)保單持有人/受抵人之投保單證檢查表 (保險中介人使用) CHECKING LIST OF THE APPLICATION WITH ENTITY AS (PROPOSED) POLICYHOLDER/ ASSIGNEE (For Insurance Intermediary)		
除投保基本文件/更改表格之外，如(準)保單持有人/受抵人為組織機構，請提供以下文件： If (Proposed) Policyholder/ Assignee is Entity, other than the Basic Application documents/change forms, please also provide the below:		
1.	公司註冊證書副本(如適用)** Copy of Certificate of Incorporation (CI) (if applicable)**	<input type="checkbox"/>
2.	商業登記證副本(有效期為一年)** Copy of Business Registration (BR) (Valid for one year only)**	<input type="checkbox"/>
3.	公司組織章程大綱及細則副本(如適用)** Copy of Memorandum and Articles of Association (M&A) (if applicable)**	<input type="checkbox"/>
4.	公司註冊地址及公司營運地址(如與註冊地址不同)的證明文件副本(如未能於公司查冊報告或其他遞交之文件取得此項文件，保險中介人需額外提供)** Copy of Proof of Registered Office Address in place of incorporation and proof of Business Address (if different from Registered Address)(insurance intermediary is required to obtain this record if it is not available in company search report or other submitted document)**	<input type="checkbox"/>
5.	所有被授權於投保書上簽署的個人身份證明文件副本** Identification document of all authorized signatories who are authorized to sign on application form**	<input type="checkbox"/>
6.	所有被授權於投保書上簽署的個人簽署式樣 Signatory specimen of all authorized signatories	<input type="checkbox"/>
7.	持有超過 25% 投票權或股本的股東之身份副本** Copy of identification document of individual shareholders with over 25% share capital/voting rights**	<input type="checkbox"/>
8.	對法團管理層作出最終控制的任何個人之身份證/護照副本** The identification document of the ultimate Individual beneficial owner(s)**	<input type="checkbox"/>
9.	所有公司董事/合伙人的姓名 Names of all company directors/partners	<input type="checkbox"/>
10.	商業財政問卷 Business Financial Questionnaire	<input type="checkbox"/>
11.	董事會的決議案或授權書 - 董事會的決議案或授權書交代投保目的、明確同意投保申請及同意動用公司資金繳付保費(必須有公司印章及公司授權人簽署及有關人士的身份資料) Board of Director's Resolution or Letter of Authorization - Board of Director Resolution or Letter of Authorization to indicate the purpose of insurance, expressly agree to enter the insurance application and to use company funds to pay premiums (with company chop and authorized signatories and identity information of concerned parties)	<input type="checkbox"/>
12.	公司查冊(香港註冊法團)/由有關公司的當地註冊代理人於過去 6 個月內簽發的職權證明書/由相關司法管轄區的專業第三者核證與公司查冊報告類似的文件 The company search report or similar documents should be a true copy certified by a professional third party (e.g. lawyer, certified accountant, etc.) of the relevant jurisdiction and issued within the last 6 months. Alternatively, a certificate of incumbency certified by a professional third party in the relevant jurisdiction issued within the last 6 months can be accepted.	<input type="checkbox"/>
13.	補充陳述書 - 適用於(準)保單持有人/受抵人為組織機構 SUPPLEMENTARY INFORMATION FORM – Applicable to Entity As (Proposed) Policyholder /Assignee	<input type="checkbox"/>
14.	所有有權行使或控制行使公司超過 25%之投票權的個人股東，每位股東需分別填寫及遞交「補充陳述書 - 適用於個人股東」 All individual shareholders with over 25% share capital/voting rights shall individually complete SUPPLEMENTARY INFORMATION FORM – Applicable to Individual Shareholder.	<input type="checkbox"/>
15.	自我證明表格 - 實體(新單適用) Self-Certification Form –Entity (For New Business Use)	<input type="checkbox"/>
16.	如實體(準)保單持有人是被動非財務實體，所有有權行使或控制行使公司超過 25%之投票權的個人股東，每位股東需分別填寫及遞交「自我證明表格 - 控權人」(新單適用)。 If the entity/ (Proposed) Policyholder is a passive NFE, all individual shareholders with over 25% share capital/voting rights shall individually complete Self-Certification Form – Controlling Person (For New Business Use).	<input type="checkbox"/>
17.	如實體(準)保單持有人是美國組織 (如:公司/機構/企業在美國或根據美國的法律註冊，請填妥並遞交 W9 表格) 或 If the entity/ (Proposed) Policyholder is U.S. Entity (e.g. Company / organization / business registered in the U.S. or under the laws of the U.S., please complete and submit W-9 form) or 如實體(準)保單持有人是非美國組織，請填寫及遞交 W-8BEN-E If the entity/ (Proposed) Policyholder is a Non-U.S. Entity, please complete and submit W-8BEN-E form.	<input type="checkbox"/>
18.	如有權行使或控制行使公司超過 25%之投票權的個人股東是美國稅務居民，每位股東必須分別填寫及遞交 W9 表格 或 If individual shareholders with over 25% share capital/voting rights is a U.S. tax resident, shall individually complete and submit W9 form or 如有權行使或控制行使公司超過 25%之投票權的個人股東為非美國稅務居民，但具有美國指標，每位股東必須提供 W-8BEN 表格 If individual shareholder with over 25% share capital/voting rights is a Non-U.S. tax resident but carrying U.S. indicia, shall individually complete and submit W-8BEN form	<input type="checkbox"/>

註 Notes

- 若公司為離岸公司，所有投保/更改申請均以個案處理，公司保留一切決定權。
- 本公司保留一切決定權要求其他需要文件。
- **代表中介人需在文件副本作驗證
- All Offshore registered Companies will be considered independently, the Company reserves the right to make final decision.
- The Company reserves the right to request any other necessary documents.
- **Represents "Certify True Copy" by the intermediary is required.

