



請掃二維碼登入
客戶專頁，即時
辦理保單更改或
查閱進度。

<https://cs.chinalife.com.hk>

自我證明表格 – 控權人(保單服務適用)

SELF-CERTIFICATION FORM – CONTROLLING PERSON (FOR POLICY SERVICE USE)

請在適當的格內填上「√」。Please tick “√” the appropriate boxes where applicable.

保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單編號 Policy No.

重要須知 Important Notes

- 本表格中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expression “the Company” used in this form refers to China Life Insurance (Overseas) Company Limited.
- 這是由控權人向中國人壽保險(海外)股份有限公司(本公司)提供的自我證明表格，以作自動交換財務帳戶資料用途。本公司可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。This is a self-certification form provided by a Controlling Person to China Life Insurance (Overseas) Company Limited (the Company) for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- 如控權人的稅務居民身份有所改變，應盡快將所有變更通知本公司。A Controlling Person should report all changes in his/her tax residency status to the Company.
- 除不適用或特別註明外，必須填寫這份表格所有部份。如這份表格上的空位不夠應用，可另紙填寫。在欄/部標有星號(*)的項目為本公司須向稅務局申報的資料。All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (*) are required to be reported by the Company to the Inland Revenue Department.
- 填表前請先細閱以下連結之指引及定義摘要：http://www.ird.gov.hk/chi/tax/aeoi/self_cert.htm. Please read instructions and glossary in below websites before completing the form: http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm.

第一部份 個人控權人的身份識別資料 Part 1 Identification of Individual Controlling Person

控權人的稱謂 Title of Controlling Person ☐ 先生 Mr ☐ 太太 Mrs ☐ 女士 Ms ☐ 小姐 Miss

姓氏* Surname* 名字* Given Name and Middle Name*

出生國家/地 Country / Place of Birth	國籍 Nationality	出生日期 Date of Birth	性別 Gender						
		<table border="1"> <tr> <td>年 Year</td> <td>月 Month</td> <td>日 Day</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	年 Year	月 Month	日 Day				☐ 男 Male ☐ 女 Female
年 Year	月 Month	日 Day							

身份證明文件類別及號碼 Identity Document Type & No.	☐ 香港身份證 Hong Kong ID _____ ☐ 中國內地居民身份證 PRC Resident ID _____ ☐ 其他身份證明文件 Other Identity Document，請註明 Please specify: _____ 簽發國家 Issue Country: _____
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現時地址 Current Residential Address	<table border="1"> <tr> <td>城市 City</td> <td> </td> </tr> <tr> <td>國家 Country</td> <td> </td> </tr> <tr> <td>郵政編號 Post Code</td> <td> </td> </tr> </table>	城市 City		國家 Country		郵政編號 Post Code	
城市 City							
國家 Country							
郵政編號 Post Code							
通訊地址 Mailing Address (如通訊地址與現時住址不同 If different to the current residence address)	<table border="1"> <tr> <td>城市 City</td> <td> </td> </tr> <tr> <td>國家 Country</td> <td> </td> </tr> <tr> <td>郵政編號 Post Code</td> <td> </td> </tr> </table>	城市 City		國家 Country		郵政編號 Post Code	
城市 City							
國家 Country							
郵政編號 Post Code							

第二部份 閣下作為控權人的實體保單持有人 Part 2 The Entity Policyholder of Which You are a Controlling Person

填寫閣下作為控權人的實體保單持有人的名稱。Enter the name of the Entity Policyholder of which you are a controlling person.

實體 Entity	實體保單持有人的名稱 Name of the Entity Policyholder
(1)	
(2)	
(3)	

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第三部份 居留司法管轄區及稅務編號或具有等同功能的識別編號 (以下簡稱「稅務編號」) Part 3 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")

提供以下資料，列明(a)保單持有人的居留司法管轄區，亦即保單持有人的稅務管轄區(香港包括在內)及(b)該居留司法管轄區發給保單持有人的稅務編號。列出所有(不限於3個)居留司法管轄區。如保單持有人是香港稅務居民，稅務編號是其香港身份證號碼。如沒有提供稅務編號，必須填寫合適的理由A或B或C：

Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the Policyholder is a resident for tax purposes and (b) the Policyholder's TIN for each jurisdiction indicated. Indicate all (not restricted to 3) jurisdictions of residence. If the Policyholder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number. If a TIN is unavailable, provide the appropriate reason A or B or C:

理由 A Reason A	保單持有人的居留司法管轄區並沒有向其居民發出稅務編號。The jurisdiction where the Policyholder is a resident for tax purposes does not issue TINs to its residents.		
理由 B Reason B	保單持有人不能取得稅務編號。如選取這一理由，解釋保單持有人不能取得稅務編號的原因。The Policyholder is unable to obtain a TIN. Explain why the Policyholder is unable to obtain a TIN if you have selected this reason.		
理由 C Reason C	保單持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要保單持有人披露稅務編號。TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.		
居留司法管轄區 Jurisdiction of Residence	稅務編號TIN	如沒有提供稅務編號，填寫理由A、B或C。 Enter Reason A, B or C if no TIN is available	如選取理由B，解釋保單持有人不能取得稅務編號的原因Explain why the Policyholder is unable to obtain a TIN if you have selected Reason B
1.			
2.			
3.			

第四部份 控權人類別 Part 4 Type of Controlling Person

就第二部份所載的每個實體，在適當方格內加上√號，指出控權人就每個實體所屬的控權人類別。Tick✓ the appropriate box to indicate the type of controlling person for each entity stated in Part 2.

實體類別 Type of Entity	控權人類別 Type of Controlling Person	實體 (1) Entity (1)	實體 (2) Entity (2)	實體 (3) Entity (3)
法人 Legal Person	擁有控制股權的個人(即擁有超過百分之二十五的已發行股本)Individual who has a controlling ownership interest (i.e. over 25% of issued share capital)	☐	☐	☐
	以其他途徑行使控制權或有權行使控制權的個人(即擁有超過百分之二十五的表決權)Individual who exercises control/is entitled to exercise control through other means (i.e. over 25% of voting rights)	☐	☐	☐
	擔任該實體的高級管理人員/對該實體的管理行使最終控制權的個人 Individual who holds the position of senior managing official / exercises ultimate control over the management of the entity	☐	☐	☐
信託 Trust	財產授予人 Settlor	☐	☐	☐
	受託人 Trustee	☐	☐	☐
	保護人 Protector	☐	☐	☐
	受益人或某類別受益人的成員 Beneficiary or member of the class of beneficiaries	☐	☐	☐
	其他(例如: 如財產授予人 / 受託人 / 保護人 / 受益人為另一實體，對該實體行使控制權的個人)Other (e.g. individual who exercises control over another entity being the settlor / trustee / protector / beneficiary)	☐	☐	☐
除信託以外的法律安排 Legal Arrangement other than Trust	處於相等/相類於財產授予人位置的個人 Individual in a position equivalent/similar to settlor	☐	☐	☐
	處於相等/相類於受託人位置的個人 Individual in a position equivalent/similar to trustee	☐	☐	☐
	處於相等/相類於保護人位置的個人 Individual in a position equivalent/similar to protector	☐	☐	☐
	處於相等/相類於受益人或某類別受益人的成員位置的個人 Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries.	☐	☐	☐
	其他(例如: 如處於相等 / 相類於財產授予人 / 受託人 / 保護人 / 受益人位置的人為另一實體，對該實體行使控制權的個人)Other (e.g. individual who exercises control over another entity being equivalent / similar to settlor / trustee / protector / beneficiary)	☐	☐	☐
合夥 Partnership	擁有或控制合夥任何資本/利潤的個人 Individual who has a controlling ownership or interest of capital	☐	☐	☐
	以其他途徑行使任何控制權或有權行使任何控制權或有權行使任何表決權的個人 Individual who exercises any control / entitled to exercise any control/ entitled to exercise any voting rights	☐	☐	☐
	擔任該實體的高級管理人員/對該實體的管理行使最終控制權的個人 Individual who holds the position of senior managing official / exercises ultimate control over the management of the entity.	☐	☐	☐

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第五部份 聲明及簽署 (請勿在空白表格上簽署) Part 5 Declarations & Signature (Please DO NOT sign on BLANK form)

本人知悉及同意，財務機構可根據《稅務條例》(第 112 章)有關交換財務帳戶資料的法律條文，(a)收集本表格所載資料並可備存作自動交換財務帳戶資料用途及(b)把該等資料和關於保單持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到保單持有人的居留司法管轄區的稅務當局。

本人證明，就與本表格所有相關的帳戶，本人是保單持有人 / 本人獲保單持有人授權簽署本表格。

本人承諾，如情況有所改變，以致影響本表格第一部份所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知中國人壽保險(海外)股份有限公司，並會在情況發生改變後 30 日內，向中國人壽保險(海外)股份有限公司提交一份已適當更新的自我證明表格。本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyholder and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I certify that I am the Policyholder / I am authorized to sign for the Policyholder of all the account(s) to which this form relates.

I undertake to advise China Life Insurance (Overseas) Company Limited of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide China Life Insurance (Overseas) Company Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

簽署 Signature		身份* Capacity*			
姓名 Name		日期 Date	年Year	月Month	日Day

*如閣下不是第一部份所述的個人，請說明閣下的身份。如果閣下是以受權人身份簽署這份表格，須夾附該授權書的核證副本。Please indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the power of attorney.

警告：根據《稅務條例》第 80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級(即\$10,000)罰款。

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).