



自我證明表格 – 實體 (新單適用) SELF-CERTIFICATION FORM – ENTITY (FOR NEW BUSINESS USE)

(準)保單持有人姓名 Name of (Proposed) Policyholder	(準)受保人姓名 Name of (Proposed) Insured	要保書/保單號碼 Application/Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION

保險中介人姓名 Name of Insurance Intermediary	<input type="text"/>		
保險中介人編號 Insurance Intermediary's Code	聯絡電話 Contact No.	<input type="text"/>	

重要提示 Important Notes:

- 這是由實體/(準)保單持有人向中國人壽保險(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。如實體/(準)保單持有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。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。
- This is a self-certification form provided by an entity/ (Proposed) Policyholder 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. An entity/(Proposed) Policyholder should report all changes in its tax residency status to the Company. 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.

第一部份 實體/(準)保單持有人的身份識別資料 Part I Identification Of Entity/ (Proposed) Policyholder

(對於聯名帳戶或多人聯名帳戶，每名實體帳戶持有人須分別填寫一份表格)(For joint or multiple account holders, complete a separate form for each entity account holder.)

實體/(準)保單持有人或分支機構的法定名稱 * Legal Name of Entity/(Proposed)Policyholder or Branch *	<input type="text"/>		
香港商業登記號碼 Hong Kong Business Registration Number	<input type="text"/>		
實體/(準)保單持有人成立為法團或設立所在的稅務管轄區 Jurisdiction of Incorporation or Organisation of Entity/ (Proposed) Policyholder	<input type="text"/>		
現時營業地址 Current Business Address	城市 * City *	國家/地區 * Country/Region *	郵政編碼/郵遞區號碼 Post Code/ ZIP Code:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
通訊地址 Mailing Address (如通訊地址與現時營業地址不同，填寫此欄) (Complete if different to the current business address)	城市 City	國家/地區 Country/Region	郵政編碼/郵遞區號碼 Post Code/ ZIP Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>

第二部份 實體類別 Part II Entity Type

在其中一個適當的方格內加上✓號，並提供有關資料。Tick one of the appropriate boxes and provide the relevant information.

財務機構 Financial Institution	<input type="checkbox"/> 託管機構、存款機構或指明保險公司。Custodial Institution, Depository Institution or Specified Insurance Company <input type="checkbox"/> 投資實體，但不包括由另一財務機構管理（例如：擁有酌情權管理投資實體的資產）並位於非參與稅務管轄區的投資實體 Investment Entity, except an investment entity that is managed by another financial institution (e.g. with discretion to manage the entity's assets) and located in a non-participating jurisdiction
主動非財務實體 Active NFE	<input type="checkbox"/> 該非財務實體的股票經常在_____ (一個具規模證券市場) 進行買賣 NFE the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> _____ 的有關連實體，該有關連實體的股票經常在_____ (一個具規模證券市場) 進行買賣 Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market. <input type="checkbox"/> 政府實體、國際組織、中央銀行或由前述的實體全權擁有的其他實體 NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities <input type="checkbox"/> 除上述以外的主動非財務實體 Active NFE other than the above (請說明 Please specify _____)
被動非財務實體 Passive NFE	<input type="checkbox"/> 位於非參與稅務管轄區並由另一財務機構管理的投資實體 Investment entity that is managed by another financial institution and located in a non-participating jurisdiction <input type="checkbox"/> 不屬主動非財務實體的非財務實體 NFE that is not an active NFE



第三部份 控權人(如實體/準)保單持有人是被動非財務實體，填寫此部

Part III Controlling Persons(Complete This Part If The Entity / (Proposed) Policyholder Is A Passive NFE)

就實體/ (準)保單持有人，填寫所有控權人的姓名在列表內。就法人實體，如行使控制權的並非自然人，控權人會是該法人實體的高級管理人員。每名控權人須分別填寫一份自我證明表格 – 控權人表格。Indicate the name of all controlling person(s) of the entity/ (Proposed) Policyholder in the table below. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official. Complete the Self-Certification Form – Controlling Person for each controlling person.

(1)	(5)
(2)	(6)
(3)	(7)
(4)	(8)

第四部份 居留司法管轄區及稅務編號或具有等同功能的識辨編號 (以下簡稱「稅務編號」) *

Part IV Jurisdiction Of Residence And Taxpayer Identification Number Or Its Functional Equivalent ("TIN") *

提供以下資料，列明 (a) 實體/ (準)保單持有人的居留司法管轄區，亦即實體/ (準)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實體/ (準)保單持有人的稅務編號。列出所有 (不限於 5 個) 居留司法管轄區。如實體/ (準)保單持有人是香港稅務居民，稅務編號是其香港商業登記號碼。如果實體/ (準)保單持有人並非任何稅務管轄區的稅務居民 (例如：它是財政透明實體)，填寫實際管理機構所在的稅務管轄區。如沒有提供稅務編號，必須填寫合適的理由：Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the entity/ (Proposed) Policyholder is a resident for tax purposes and (b) the Policyholder's TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence. If the entity/ (Proposed) Policyholder is a tax resident of Hong Kong, the TIN is the Hong Kong Business Registration Number. If the entity/ (Proposed) Policyholder is not a tax resident in any jurisdiction (e.g. fiscally transparent), indicate the jurisdiction in which its place of effective management is situated. If a TIN is unavailable, provide the appropriate reason A, B or C:

理由 A Reason A	實體/ (準)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 entity/ (Proposed) Policyholder is a resident for tax purposes does not issue TINs to its residents.
理由 B Reason B	實體/ (準)保單持有人不能取得稅務編號。如選取這一理由，解釋實體/ (準)保單持有人不能取得稅務編號的原因。 The entity/ (Proposed) Policyholder is unable to obtain a TIN. Explain why the entity/ (Proposed) Policyholder is unable to obtain a TIN if you have selected this reason.
理由 C Reason C	(準)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實體/ (準)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，解釋實體/ (準)保單持有人 不能取得稅務編號的原因 Explain why the entity/ (Proposed) Policyholder is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

第五部份 聲明及簽署 Part V Declarations And Signature

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) 把該等資料和關於實體/ (準)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，從而把資料轉交到實體/ (準)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，本人獲實體/ (準)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 1 部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 entity/ (Proposed) 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 entity/ (Proposed) 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 authorized to sign for the entity/ (Proposed) 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 entity 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.

實體/ (準)保單持有人簽署
Entity/ (Proposed) Policyholder's Signature

實體/ (準)保單持有人姓名
Entity/ (Proposed) Policyholder's Name

____/____/____
年 Year 月 Month 日 Day

身份 Capacity

(如你不是第 1 部所述的個人，說明你的身份。如果你是以授權人身份簽署這份表格，須夾附該授權書的核證副本。)

(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.)

刪去不適用者 Delete as appropriate.

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).