



請掃二維碼註冊/登入客戶專頁，查閱投保進度。

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

補充陳述書 - 適用於個人股東

SUPPLEMENTARY INFORMATION FORM – APPLICABLE TO INDIVIDUAL SHAREHOLDER

(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"/>	

有權行使或控制行使公司超過 25%之投票權的個人股東或有權行使或控制行使信託或合夥超過 0%資本/利潤/投票權的個人，請分別填寫此表格。

Individual shareholder with over 25% share capital/ voting right or individual with over 0% share capital/interest/voting right under trust or partnership, please complete this form individually.

股東姓名 Name of Shareholder	擁有組織股份的百分比(%) Percentage of Share Holding (%)	是否美國公民或美國稅務居民 Is a U.S. Citizen or a U.S tax resident?	美國納稅人識別號碼(如適用) U.S.TIN (if applicable)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="text"/>

個人股東資料 INFORMATION OF INDIVIDUAL SHAREHOLDER

中文姓名 Name in Chinese	<input type="text"/>	性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
英文姓名 Name in English	<input type="text"/>	出生日期 Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> 年 Year 月 Month 日 Day
國籍/地區 Nationality/Region	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 中國 Chinese <input type="checkbox"/> 美國 US <input type="checkbox"/> 其他 Others _____ (請註明 please specify)	出生國家/地區 Country/Region of Birth	<input type="text"/>
身份證明文件 Identification Document	<input type="checkbox"/> 香港永久性居民身份證號碼 HK Permanent ID Card No. 號碼 No. _____		
請提供副本 Please attach copy	<input type="checkbox"/> 其他身份證/護照/等同文件號碼 Other Identity Card/Passport/Equivalent Document No. 號碼 No. _____ 簽發國家/地區 Issue Country/Region _____		

住宅地址 Residential Address (郵政信箱恕不接受。 (P. O. Box is not accepted))

城市 City	<input type="text"/>	國家/地區 Country/Region	<input type="text"/>
住宅電話號碼 Residential Telephone No.	國家/地區號 Country/Region Code	電話號碼 Telephone No.	<input type="text"/>
流動電話 Mobile No.	國家/地區號 Country/Region Code	電話號碼 Telephone No.	<input type="text"/>

永久地址 Permanent Address
若與住宅地址不同，請填寫此欄 Please complete if different from residential.

城市 City	<input type="text"/>	國家/地區 Country/Region	<input type="text"/>
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《海外帳戶稅收合規法案》和其他適用法律

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，向任何監管機關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或擁有或控制信託或合夥超過0%資本/利潤/投票權的個人)、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 over 25% of your shares or ownership interest or control or who own or control over 0% of capital/interest/voting right under trust or partnership), 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.

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 available upon request.

聲明 DECLARATIONS

本人/我們謹此聲明·本人/我們所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/受抵人簽署
Signature of the (Proposed) Policyholder/Assignee

股東姓名及簽署
Name and Signature of Shareholder

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

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/股東或擁有或控制信託或合夥超過 0% 資本 / 利潤/投票權的個人·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, each individual with over 25% share capital/voting rights or individual with over 0% of capital/interest/voting right under trust or partnership, shall individually complete Self-Certification Form – Controlling Person (For New Business Use).