



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 – 實體 (保單服務適用) SELF-CERTIFICATION FORM – ENTITY (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.
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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。Policyholder 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.
- 對於聯名帳戶或多人聯名帳戶，每名實體帳戶持有人(即保單持有人) 須分別填寫一份表格。(For joint or multiple account holders, complete a separate form for each entity account holder (i.e. Policyholder).)
- 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](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](http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm).

### 第一部份 實體保單持有人的身份識別資料 Part 1 Identification of Entity Policyholder

保單持有人在**本公司**的保單記錄的姓名、身份證明文件號碼、出生日期、出生國家/地、住址、通訊地址(如適用) 將被視為閣下的自我證明一部份。如有需要更改通訊地址資料，請另遞交更改持有人通訊地址 / 聯絡電話 / 電郵地址申請表 (CS-CHG01)。Policyholder's Name, Identification Document Number, Date of Birth, Country/Place of Birth, Residential Address, and Correspondence Address (if applicable) of our policy records will be considered as part of your Self-Certification. If you would like to update the correspondence address, please fill in the Change of Owner Address / Telephone Numbers / Email Address (CS-CHG01) separately.

實體或分支機構的法定名稱* Legal Name of Entity or Branch *	
香港商業登記號碼 Hong Kong Business Registration No.	
實體成立為法團或設立所在的稅務管轄區 Jurisdiction of Incorporation or Organisation of Entity	
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
通訊地址 Mailing Address (如通訊地址與現時營業地址不同 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

### 第二部份 實體類別 Part 2 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



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**第三部份 控權人 (如實體是被動非財務實體, 填寫此部) Part 3 Controlling Persons (Complete this part if the entity is a passive NFE)**

就實體, 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 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.		4.	
2.		5.	
3.		6.	

**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 4 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。如保單持有人的香港稅務居民, 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.**

簽署及公司蓋章 Signature and Company Chop		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).**