

(準)保單持有人姓名



要保書/保單號碼

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

(準)受保人姓名

Name of (Proposed)	Policyholder	Name of (Prop	Name of (Proposed) Insured		Application/Policy No.								
保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION													
保險中介人姓名 Name of Insurance Intermediary													
保險中介人編號 Insurance Intermediary's Code													
■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辨資料 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 * 公司商業登記號碼 / 公司註冊證號碼													
Company Business Registration Number / Certificate of Corporation Number 實體/(準)保單持有人成立為法團或設立所在的稅務管轄區													
		of Entity/ (Proposed) Pol	icyholder										
現時營業地址													
Current Business Add		城市 * City *	國家/地區* Country/Region *			編碼/郵 Code/ ZIF							
通訊地址 Mailing Address (如通訊地址與現時營業地址不同,													
填寫此欄) (Complet current business addre		城市 City	國家//地區 Country/Region			編碼/郵 Code/ ZIF		碼					
第二部份 實體	類別 Part II Entit	ty Type											
在其中一個適當的	方格内加上 ✔ 號,	並提供有關資料。Ti 教機構或指明保險公司	ck one of the appropriate be	oxes and provid	de the re	levant in	formation Compa	on.					
財務機構 Financial Institution	日 投資實體・但認 Investment Entity	託管機構、存款機構或指明保險公司。Custodial Institution, Depository Institution or Specified Insurance Company 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)並位於非参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											
	該非財務實體的												
		NFE the stock of which is regularly traded on											
主動非財務實體	1 1 1	Related entity of, the stock of which is regularly traded on, which is an established											
Active NFE		securities market. T 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 a	central bank, or an entity wholly owned by one or more of the foregoing entities											
	(請說明 Please	】 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	材務實體												
Passive NFE 不屬主動非財務實體 NFE that is not an active NFE													



	隼)保單持有人是被動非財務實 omplete This Part If The Entity / (Is A Passive NFE)				
就實體/ (準)保單持有人·填寫所有控權人須分別填寫一份自我證明表格 – exercises control over an entity which is a le	E權人的姓名在列表內。就法人實體,如 控權人表格。Indicate the name of all controll gal person, the controlling person will be the indi	行使控制權的並非自然人,控 ling person(s) of the entity/ (Propos	e權人會是該法人實體的高級管理人員。每名控 sed) Policyholder in the table below. If no natural person r managing official. Complete the Self-Certification Form				
- Controlling Person for each controlling per (1)		(5)					
(2)		(6)					
(3)		(7)					
(4)		(8)					
	 及稅務編號或具有等同功能的i	,	「稅務編號」)*				
提供以下資料·列明(a)實體/(準)保 給實體/(準)保單持有人的稅務編號。 碼。如果實體/(準)保單持有人並非任 號·必須填寫合適的理由:Complete the for tax purposes and (b) the Policyholder's resident of Hong Kong, the TIN is the Hong indicate the jurisdiction in which its place of 理由 A 實體/(準)保單持有人的 Reason A The jurisdiction where the 理由 B Reason B The entity/ (Proposed) Poselected this reason. 理由 C (準)保單持有人毋須提	列出 所有 (不限於 5 個)居留司法管轄 任何稅務管轄區的稅務居民(例如:它是 he following table indicating (a) the jurisdiction of TIN for each jurisdiction indicated. Indicate all (in Kong Business Registration Number. If the entity effective management is situated. If a TIN is una 均居留司法稅務管轄區並沒有向其居 entity/ (Proposed) Policyholder is a residen 下能取得稅務編號。如選取這一理由	/(準)保單持有人的稅務管轄區區。如實體/(準)保單持有人是財政透明實體) · 填寫實際管 of residence (including Hong Kong) not restricted to five) jurisdictions of y/(Proposed) Policyholder is not a available, provide the appropriate re民發出稅務編號。 It for tax purposes does not issue. ·解釋實體/(準)保單持有/in why the entity/(Proposed) Fe機關不需要實體/(準)保單 sdiction of residence do not requ如沒有提供稅務編號,填寫理由 A、B 或 C Enter Reason A, B or C if	(香港包括在內)及(b)該居留司法管轄區發是香港稅務居民・稅務編號是其香港商業登記號理機構所在的稅務管轄區。如沒有提供稅務編納ere the entity/ (Proposed) Policyholder is a resident residence. If the entity/ (Proposed) Policyholder is a tax tax resident in any jurisdiction (e.g. fiscally transparent), leason A, B or C: e TINs to its residents. 不能取得稅務編號的原因。 Policyholder is unable to obtain a TIN if you have 持有人披露稅務編號。 uire the TIN to be disclosed. 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				
		no TIN is available	is unable to obtain a TIN if you have selected Reason B				
(1)							
(2)							
(3)							
(4)							
第五部份 聲明及簽署 PAR	T V DECLARATIONS AND SIGNA	ATURE					
戶資料用途及(b)把該等資料和關於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本人承諾,如情況有所改變,以致影有限公司,並會在情況發生改變後30本人聲明就本人所知所信,本表格內I acknowledge and agree that (a) the information, and (b) such information and ir Inland Revenue Department of the Governm the entity/ (Proposed) Policyholder may be r Ordinance (Cap.112). I certify that I am authorized to sign for the e I undertake to advise China Life Insurance (form or causes the information contained he within 30 days of such change in circumstan	※實體/(準)保單持有人及任何須申報帳戶 ・ 本人獲實體/(準)保單持有人授權簽 響本表格第 1 部所述的個人的稅務居民 の日か・向中國人壽保險(海外)股份有限 が頂報的所有資料和聲明均屬真實、正確 ation contained in this form is collected and may be not formation regarding the entity/ (Proposed) Poli- nent of the Hong Kong Special Administrative Re- resident for tax purposes, pursuant to the legal p entity/ (Proposed) Policyholder of all the account((Overseas) Company Limited of any change in content of the become incorrect, and to provide China	的資料向香港特別行政區政府署本表格。 身份,或引致本表格所載的資 公司提交一份已適當更新的自 確和完備。 be kept by the financial institution for icyholder and any reportable accou- egion and exchanged with the tax a provisions for exchange of financial (s) to which this form relates. circumstances which affects the tax Life Insurance (Overseas) Compa	r the purpose of automatic exchange of financial account int(s) may be reported by the financial institution to the authorities of another jurisdiction or jurisdictions in which account information provided under the Inland Revenue a residency status of the entity identified in Part 1 of this my Limited with a suitably updated self-certification form				
實體/(準)保單持有人簽署 Entity/ (Proposed) Policyholder's Signa 身份 Capacity	實體/ (準)保單持有人姓 ature Entity/ (Proposed) Policyho	older's Name	// 年 Year 月 Month 日 Day				

(Please indicate the capacity in which you are signing the form. 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).