中國人壽 | 海外
CHINA LIFE

保單號碼 Policy No.

自我證明表格 – 實體
Self-Certification Form – Entity (理賠適用 For Claims)

重要提示 Important Notes:

- 這是由索償人向中國人壽保險(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財政局，財政局會將資料轉交到另一稅務管轄區的稅務當局。
- 如索償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財政局申報的資料。
- This is a self-certification form provided by the claimant 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 Finance Services Bureau for transfer to the tax authority of another jurisdiction.
- The claimant should report all changes in his/her 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 Finance Services Bureau.

第 1 部 實體的身份識辨資料 Part 1 Identification of Entity
(每名索償人須分別填寫一份表格 Complete a separate form for each individual claimant)

1. 實體或分支機構的法定名稱 * Legal Name of Entity or Branch *			
2. 澳門商業登記號碼 Macau Business Registration Number			
3. 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			
4. 現時營業地址 Current Business Address			
	城市 * City *	國家 * Country *	郵政編碼/郵遞區號碼 Post Code/ ZIP Code:
5. 目前永久地址 Current Permanent Address (如目前永久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 * Country *	郵政編碼/郵遞區號碼 Post Code/ ZIP Code:
6. 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 Country	郵政編碼/郵遞區號碼 Post Code/ ZIP Code

第 2 部 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	☐ 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	☐ 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 ☐ _____ 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. ☐ 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 ☐ 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	☐ 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 ☐ 不屬主動非財務實體的非財務實體 NFE that is not an active NFE

第 3 部 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)	(5)

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

第 4 部 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）實體的居留司法管轄區，亦即實體的稅務管轄區（澳門包括在內）及（ｂ）該居留司法管轄區發給實體的稅務編號。列出**所有**（不限於 5 個）居留司法管轄區。如實體是澳門稅務居民，稅務編號是其澳門商業登記號碼。如果實體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 Macau) where the entity is a **resident for tax purposes** and (b) the 's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If the entity is a tax resident of Macau, the TIN is the Macau Business Registration Number. If the entity 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	實體的居留司法稅務管轄區並沒有向其居民發出稅務編號。
Reason A	The jurisdiction where the entity is a resident for tax purposes does not issue TINs to its residents.
理由 B	實體不能取得稅務編號。如選取這一理由，解釋實體不能取得稅務編號的原因。
Reason B	The entity is unable to obtain a TIN. Explain why the entity is unable to obtain a TIN if you have selected this reason.
理由 C	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/ 披露稅務編號。
Reason C	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，解釋實體不能取得稅務編號的原因 Explain why the entity is unable to obtain a TIN if you have selected Reason B
(1)			
(2)			
(3)			
(4)			
(5)			

第 5 部 聲明及簽署 Part 5 Declarations and Signature

本人知悉及同意，中國人壽保險(海外)股份有限公司(本公司)可根據 第 5/2017 號法律《稅務信息交換法律制度》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及任何須申報帳戶的資料向澳門特別行政區政府財政局申報，從而把資料轉交到實體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 China Life Insurance (Overseas) Company Limited (the Company) for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the entity and any reportable account(s) may be reported by China Life Insurance (Overseas) Company Limited (the Company) to the Finance Services Bureau of the Government of the Macau Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the entity may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Law no. 5/2017 《Exchange of Information Law》.

I certify that I am authorized to sign for the entity 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.

簽署
Signature

_____

姓名
Name

_____

身份 Capacity
(如你不是第1 部所述的個人，說明你的身份。如果你是以受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 A. If signing under a power of attorney, attach a certified copy of the power of attorney.)

_____

日期 Date
(年 YYYY/ 月 MM/日 DD)

_____