

## 自我證明表格-個人

### Self-Certification Form - Individual

#### 重要提示 Important Notes:

- 這是由(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(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。
- This is a self-certification form provided by a (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 Financial Services Bureau for transfer to the tax authority of another jurisdiction.
- A (Proposed) Policyholder 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).

#### 第 1 部個人(準)保單持有人的身份識別資料

##### Part 1 Identification of Individual (Proposed) Policyholder

(準)保單持有人在此要保書第 1 部份填寫的姓名、身份證明文件號碼、出生日期、出生國家/地、住址、通訊地址將被視為閣下的自我證明一部份。本公司須向財政局申報上述資料。

Proposed Policyholder's Name, Identification Document Number, Date of Birth, Country/Place of Birth, Residential Address, Correspondence Address as completed in Part 1 of the concerned Application Form will be considered as your Self-Certification. The Company will report the aforesaid information to the Financial Services Bureau.

#### 第 2 部居留司法管轄區及稅務編號或具有等同功能的識別編號 (以下簡稱「稅務編號」)

##### Part 2 Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")

提供以下資料，列明 (a) (準)保單持有人的居留司法管轄區，亦即(準)保單持有人的稅務管轄區 (澳門包括在內) 及 (b) 該居留司法管轄區發給(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(準)保單持有人是澳門稅務居民，稅務編號是其納稅編號或澳門特別行政區身份證號碼。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 (Proposed) Policyholder is a resident for tax purposes and (b) the (Proposed) Policyholder's TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence. If the (Proposed) Policyholder is a tax resident of Macau, the TIN is the taxpayer identification number or Macau SAR Identity Card Number. If a TIN is unavailable, provide the appropriate reason A, B or C:

<b>理由 A</b> <b>Reason A</b>	(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 (Proposed) Policyholder is a resident for tax purposes does not issue TINs to its residents.
<b>理由 B</b> <b>Reason B</b>	(準)保單持有人不能取得稅務編號。如選取這一理由，解釋(準)保單持有人不能取得稅務編號的原因。The (Proposed) Policyholder is unable to obtain a TIN. Explain why the (Proposed) Policyholder is unable to obtain a TIN if you have selected this reason.
<b>理由 C</b> <b>Reason C</b>	(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(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(準)保單持有人不能取得稅務編號的原因 Explain why the (Proposed) Policyholder is unable to obtain a TIN if you have selected Reason B
<input type="checkbox"/> 澳門 Macau	<input type="checkbox"/> 與準保單持有人的澳門身份證號碼相同 Same as Macau ID No. of the Proposed Policyholder  <input type="checkbox"/> 納稅人編號 Taxpayer identification number : _____		
<input type="checkbox"/> 香港 Hong Kong	<input type="checkbox"/> 與準保單持有人的香港身份證號碼相同 Same as HK ID No. of the Proposed Policyholder		

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(準)保單持有人 不能取得稅務編號的原因 Explain why the (Proposed) Policyholder is unable to obtain a TIN if you have selected Reason B
<input type="checkbox"/> 中國 China	<input type="checkbox"/> 與準保單持有人的中國內地身份證號碼相同 Same as PRC ID of the Proposed Policyholder  <input type="checkbox"/> 其他 Other (請註明 Please specify) _____		

### 第 3 部聲明及簽署

#### Part 3 : Declarations and Signature

本人明白，本人提供的資料適用於帳戶持有人與中國人壽保險(海外)股份有限公司關係的所有條款及細則的規範，當中列明中國人壽保險(海外)股份有限公司可如何使用及分享由本人所提供的資料。

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with China Life Insurance (Overseas) Company Limited, setting out how China Life Insurance (Overseas) Company Limited may use and share the information supplied by me.

本人知悉本表格所載資料和關於帳戶持有人及任何須申報帳戶的資料將向澳門特別行政區政府財政局申報，而有關資料將按照金融帳戶信息交換協定，被轉交到帳戶持有人所屬的常居地的司法管轄區的稅務當局。

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the Macao SAR Financial Services Bureau and exchanged with tax authorities of such jurisdictions of residence of the Account Holder, pursuant to agreements for exchange financial account information.

本人證明，就與本表格所有相關的帳戶，本人是帳戶持有人 / 本人獲帳戶持有人授權簽署本表格 #1。

I certify that I am the Account Holder / I am authorized to sign for the Account Holder of all the account(s) to which this form relates #1.

本人承諾，如情況有所改變，以致影響本表格所述的個人稅務居民身份，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的90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證證明表格。

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 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 within 90 days of such change in circumstances.

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 declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

簽署 Signature _____  日期 Date ____/____/_____ ( 日dd / 月mm /年yyyy )	注意Note： 如果你不是帳戶持有人，請說明你的身份。 If you are not the Account Holder please indicate the capacity in which you are signing the form. 姓名 Name _____ 身份 Capacity _____ 如果你是以被授權人身份簽署本表格，須附同該授權書的認證副本。 If signing under a power of attorney please also attach a certified copy of the power of attorney.
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#1 刪去不適用者 Delete where not applicable.

備註 Note：

●就本表格所採用術語的釋義，請參考《金融帳戶信息的通用報送標準及盡職調查程序》第八條。

With regard to the interpretation of the terms used in this form, please refer to Article 8 of the "The Common Reporting Standard and the Due Diligence Procedures for Financial Account Information".