

致: 中银集团人寿保险有限公司
香港太古城英皇道 1111 号太古城中心第 1 期 13 楼
To: BOC Group Life Assurance Company Limited
13/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong

税务居民身份自我证明表格 – 控权人 Self-Certification Form for Tax Residency – Controlling Person

重要提示:

Important Notes:

1. 这是由控权人(下称「您」)向中银集团人寿保险有限公司(下称「本公司」或「中银人寿」)提供的自我证明表格。本公司可根据《2016 年税务(修订)(第 3 号)条例》及其后的相关修订条例,把收集所得的资料交给香港政府税务局(「税务局」),税务局会将资料转交到另一税务管辖区的税务当局。需提交的数据为您于本公司的保单记录及本表格收集所得的数据,当中包括姓名、地址、出生日期、出生地、居留司法管辖区、税务编号及保单数据(包括保单号码及保单价值数据)等。
This is a self-certification form provided by a controlling person (“you”) to BOC Group Life Assurance Company Limited (“the Company” or “BOC Life”). The controlling person’s information may be transmitted by the Company to the Inland Revenue Department of Hong Kong Government (“IRD”) in accordance with the Inland Revenue (Amendment) (No. 3) Ordinance 2016 and the subsequent relevant amendment ordinance for transfer to the tax authority of another jurisdiction(s). Transmitted data would be your policy information recorded in the Company and the information collected from this form, which includes your name, address, date and place of birth, jurisdiction of residence, taxpayer identification number (TIN) and policy information (including policy number and policy account value information), etc.
2. 如您的税务居民身份有所改变,请于变更后 30 日内重新填写自我证明表格并交回本公司。本公司将以您最新签署的自我证明表格为准。此表格中所载数据只会在本公司完成相关内部处理及审核程序后方能生效。
When there is any change of your tax residency, please complete self-certification form again and submit the same to the Company within 30 days upon your change of tax residency. The latest self-certification form signed by you shall prevail. The information of the self-certification form shall be effective only after the completion of relevant internal processing and clearance procedures by the Company.
3. 自我证明表格内的数据只用作向税务局申报用途(如需要)。除不适用或特别注明外,必须填写这份表格所有部份。如这份表格上的空位不够应用,请另纸填写。
The information of this self-certification form is only used for the purpose of reporting to IRD (if required). All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, please continue on additional sheet(s).
4. 有关「自动交换财务账户数据」的相关信息,可浏览税务局网页。您亦可于经济合作与发展组织(“OECD”)专页,了解相关国家发布的税务居民身份规定,和可获接受的税务编号(“TIN”)格式。
For information in relation to Automatic Exchange of Financial Account Information (“AEOI”), please visit IRD AEOI portal. You may also visit the Organisation of Economic Co-operation and Development (“OECD”) AEOI website for tax residency rules and acceptable TIN issued by the relevant jurisdictions.
税务局「自动交换财务账户数据」专页/IRD AEOI Portal: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm OECD「自动交换财务账户数据」网页/OECD AEOI Website: <http://www.oecd.org/tax/automatic-exchange/>
5. 我们无法提供税务建议及/或居留司法管辖区的定义。如您有任何税务相关或税务居民身份问题,请向专业法律及/或税务顾问寻求建议。
We are unable to provide tax advice and/or the definition for the jurisdiction of residence. If you have any questions on tax matters or tax residency, please seek advice from professional legal and/or tax advisor(s).

第二部份

你作为控权人的实体/机构账户持有人

Part 2

The Entity Account Holder(s) of which you are a Controlling Person

请填写您作为控权人的所有实体/机构的名称。

Please provide the name of all entities of which you are a controlling person.

实体/机构 Entity	实体/机构账户持有人的名称 Name of the Entity Account Holder
(1)	
(2)	
(3)	
(4)	
(5)	

第三部份

居留司法管辖区及税务编号或具有等同功能的识辨编号 (以下简称「税务编号」)

Part 3

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

请提供以下数据, 列明(a)您的居留司法管辖区, 亦即您的税务管辖区(香港包括在内)及(b)该居留司法管辖区发给您的税务编号。列出所有(不限于 10 个) 居留司法管辖区。

Please complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where you are a resident for tax purposes and (b) your TIN for each jurisdiction indicated. Indicate all (not restricted to ten) jurisdictions of residence.

如您是香港税务居民, 税务编号是您的香港身份证号码。

If you are a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.

如没有提供税务编号, 必须填写合适的理由:

理由 A—您的居留司法管辖区并没有向其居民发出税务编号。

理由 B—您不能取得税务编号。如选取这一理由, 解释您不能取得税务编号的原因。

理由 C—您毋须提供税务编号。居留司法管辖区的主管机关不需要您披露税务编号。

If a TIN is unavailable, provide the appropriate reason A, B or C:

Reason A— The jurisdiction where you are a resident for tax purposes does not issue TINs to its residents.

Reason B— You are unable to obtain a TIN. Explain why you are unable to obtain a TIN if you have selected this reason.

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.

居留司法管辖区 Jurisdiction of Residence	税务编号 TIN	如没有提供税务编号, 勾选理由 A、B 或 C (如已提供税务编号, 无需填写此档) Tick Reason A, B or C if no TIN is available (Please skip this column if TIN is available)	如选取理由 B, 须解释您不能取得税务编号的原因 Explain why you are unable to obtain a TIN if you have selected Reason B
(1)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(2)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(3)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(4)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(5)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(6)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(7)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(8)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(9)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(10)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

备注

Remark : _____

第四部份
Part 4

控权人类别
Type of Controlling Person

就第二部份所载的每个实体/机构，在适当方格内加上✓号，指出控权人就每个实体/机构所属的控权人类别。
Tick the appropriate box to indicate the type of controlling person for each entity stated in Part 2.

实体/机构类别 Type of Entity	控权人类别 Type of Controlling Person	实体/机构(1) Entity (1)	实体/机构(2) Entity (2)	实体/机构(3) Entity (3)
法團/合夥 Corporation / Partnership	拥有控制股权的个人(即拥有法团25%以上的已发行股本；或合伙0%以上的资本或利润) Individual who has a controlling ownership interest (i.e. more than 25% of issued share capital of a corporation; or more than 0% of the capital or profits of a partnership)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	以其他途径行使控制权或有权行使控制权的个人((即拥有法团25%以上的表决权；或合伙0%以上的表决权) Individual who exercises control/is entitled to exercise control through other means (i.e. more than 25% of voting rights of a corporation; or more than 0% of voting rights of a partnership)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	对该实体的管理行使最终控制权的个人 Individual who exercises ultimate control over the management of the entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	如没有个人符合上述三个类别，则担任该实体的高级管理人员职位的个人 Individual who holds the position of senior managing official if no individuals fall into the above three categories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
信托 Trust	财产授予人 Settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	受托人 Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	保护人 Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	执行人 Enforcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	受益人或某类别受益人的成员 Beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	其他(例如: 如财产授予人/ 受托人/ 保护人/ 执行人/ 受益人为另一实体/ 机构, 对该 实体/机构行使控制权的个人) Other (e.g. individual who exercises control over another entity being the settlor/ trustee/ protector/enforcer/beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
除信托以外的法律安排 Legal Arrangement other than Trust	处于相等/ 相类于财产授予人位置的个人 Individual in a position equivalent/similar to settlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	处于相等/ 相类于受托人位置的个人 Individual in a position equivalent/similar to trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	处于相等/ 相类于保护人位置的个人 Individual in a position equivalent/similar to protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	处于相等/ 相类于执行人位置的个人 Individual in a position equivalent/similar to enforcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	处于相等/ 相类于受益人或某类别受益人的成员位置的个人 Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	其他(例如: 如处于相等/ 相类于财产授予人/ 受托人/ 保护人/ 执行人/ 受益人位置 的人为另一实体/机构, 对该实体/机构行使控制权的个人) Other (e.g. individual who exercises control over another entity being equivalent/ similar to settlor/ trustee/ protector/ enforcer/ beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

本人声明就本人所知所信，本表格内所填报的所有数据和声明均属真实、正确和完备。

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.

本人同意 贵公司可使用及披露本人的个人资料 (不论是在上述提供的或由 贵公司于之前或将来获得的) (「个人资料」) 载于 贵公司最新近的私隐政策及个人资料收集声明上的用途以遵守其任何须承担或获施加与本地或海外之法定、监管、政府、税务、执法或其他机构或金融服务提供商之自律监管或行业团体或组织之间的现有或将来之任何合约承诺或其他承诺(「承诺」)。本人明白如不给予以上同意，可能会导致 贵公司无法向本人提供服务。

I consent to the Company using and disclosing my personal data (whether provided above or otherwise obtained by the Company previously or in the future) ("Personal Data") for the purpose(s) as shown in the Company's latest Privacy Policy Statement and Personal Information Collection Statement for compliance with any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers ("Commitment"). I understand that if I do not give the above consent, the Company may be prevented from providing me with services.

本人知悉及同意，中银人寿可根据《税务条例》(香港法例第112章)有关交换财务账户数据的法律条文，(a)收集本表格所载数据并可备存作自动交换财务账户数据用途及(b)把该等资料和关于本人及任何须申报账户的资料向香港特别行政区政府税务局申报，从而把资料转交到本人的居留司法管辖区的税务当局。

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by BOC Life for the purpose of automatic exchange of financial account information, and (b) such information and information regarding me and any reportable account(s) may be reported by BOC Life 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 I 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, Laws of Hong Kong).

本人证明，就与本表格相关的实体/机构账户持有人所持有的所有账户，本人是控权人或本人获控权人(视情况而定)授权签署本表格。

I certify that I am the controlling person or I am authorized to sign for the controlling person (as the case may be) of all the account(s) held by the entity account holder(s) to which this form relates.

本人承诺，如情况有所改变，以致影响本表格所述的个人的税务居民身份，或引致本表格所载的数据不正确，本人会通知中银人寿，并会在情况发生后30日内，向中银人寿提交一份已适当更新的自我证明表格。

I undertake to advise BOC Life 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 BOC Life with a suitably updated self-certification form within 30 days of such change in circumstances.

警告:根据《税务条例》第80(2E)条，如任何人在作出自我证明时，在明知一项陈述在要项上属具误导性、虚假或不正确，或罔顾一项陈述是否在要项上属具误导性、虚假或不正确下，作出该项陈述，即属犯罪。一经定罪，可处第3级(即港币10,000)罚款。

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. HKD10,000).

签署:

(签字式样须与本公司存案相符)

Signature: _____

(Signature specimen must correspond to that in the Company's records)

姓名:

Name: _____

身份:

Capacity: _____

(如你不是第一部份所述的人士，请说明你的身份。如果你是以授权人身份签署这份表格，须夹附由授权人或律师核实的授权书副本。)

(Please indicate the capacity if you are not the individual identified in Part 1. If you sign under a power of attorney, please attach a true copy of power of attorney certified by the donor of the power or by a solicitor.)

签署日期 (日/月/年):

Date (DD/MM/YYYY): _____