

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 – 实体/机构 Self-Certification Form for Tax Residency - Entity

重要提示: Important Notes:

1. 这是由账户持有人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 i) 美国「海外账户税收合规法案」(“FATCA”) 把账户持有人的资料提交予美国国税局; 及/或 ii) 《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。需提交的数据为账户持有人于本公司的保单记录及本表格收集所得的数据, 当中包括账户持有人名称、地址、居留司法管辖区、实体成立为法团或设立所在地、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 an account holder to BOC Group Life Assurance Company Limited (“the Company” or “BOC Life”). The account holder’s information may be transmitted by the Company to i) the U.S. Internal Revenue Service in accordance with United States Government’s Foreign Account Tax Compliance Act (“FATCA”); and/or ii) 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 account holder’s policy information recorded in the Company and the information collected from this form, which includes account holder’s name, address, jurisdiction of residence, place of incorporation or organization, taxpayer identification numbers (TINs), 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美国国税局及/或税务局申报用途(如需要)。如账户持有人需要更新任何数据(如实体名称、商业登记号码、公司注册证明书号码、地址), 请另行递交「客户重要数据更改申请表」予本公司。
The information of this self-certification form is only used for the purpose of reporting to the U.S. Internal Revenue Service and/or IRD (if required). Please submit the “Application for Key Personal Information Change” form to the Company if there is any update of account holder’s information (e.g. name, business registration number, certificate of Incorporation number, address).
4. 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。
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).
5. 账户持有人可浏览美国国税局网页, 了解 FATCA 的相关资料。
The account holder may visit the U.S. Internal Revenue Service website for FATCA related information.
<https://www.treasury.gov/resource-center/tax-policy/treaties/Pages/FATCA.aspx>
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。账户持有人亦可于经济合作与发展组织(“OECD”)网页, 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. The account holder 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」网页/ 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: <https://web-archiv.oeecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/index.htm>
6. 我们无法提供税务建议及/或居留司法管辖区的定义。如账户持有人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 the account holder has any questions on tax matters or tax residency, please seek advice from professional legal and/or tax advisor(s).

第一部份
Part 1

实体 /机构账户持有人的身份识辨资料 (每名实体 /机构账户持有人须分别填写一份表格)
Identification of Entity Account Holder (Complete a separate form for each entity account holder)

保单号码 (请填写全部或任何一张适用的保单号码):
Policy Number (Please fill in the policy number of all or any applicable policy(ies)):

账户持有人身份:

Capacity of Account Holder:

- 保单权益人 Policy Owner 索偿人 Claimant 受益人 Beneficiary

其他 (请列明) _____

Others (Please specify)

(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。

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.)

(中文)

实体/机构或分支机构的法定名称:

Legal Name of Entity or Branch:

(English)

实体/机构成立为法团或设立所在的税务管辖区:

Jurisdiction of Incorporation or Organisation:

香港商业登记号码:

Hong Kong Business Registration Number:

地址 :

Address:

地址记录与本公司保单记录相同? Address(es) is/are the same as the one(s) in our company's policy record?

是 Yes

否, 请于下方填写地址并连同『客户重要资料更改申请表』交回本公司。

No, please complete the following section and submit together with the "Application of Key Personal Information Change Form" to us.

注册地址:

Incorporation Address:

现时营业地址:

Current Business Address:

通讯地址:

Correspondence Address:

与现时营业地址相同 (毋须填写右方资料)

Same as current business address (Not required to complete details on the right side)

第二部份
Part 2

美国外国账户税务合规法案分类
U.S. Foreign Account Tax Compliance Act (FATCA) Classification

请在适当的方格内加上“✓”号并回答相关问题：
Please check “✓” the applicable box and answer the relevant questions:

<p>美国机构 U.S. Entity</p>	<p>该机构在美国注册或是根据美国法例成立 The Entity is registered in the U.S. or established under laws of the U.S.</p> <p>贵公司是否豁免于 FATCA 申报? Is the Company an exempt from FATCA reporting? <input type="checkbox"/> 是/Yes (W901) <input type="checkbox"/> 否/No (W900)</p> <p>请提供该机构之美国纳税人编号 Please provide the Entity's US Taxpayer Identification Number (TIN) _____</p>
<p>非美国金融机构 Non U.S. Financial Institution (FFI)</p>	<p>该机构为美国以外地区成立之金融机构 The Entity is a financial institution registered or established outside the U.S</p> <p>请提供该机构之全球中介人编号(W801) Please provide the Entity's Global Intermediary Identification Number (GIIN) _____</p> <p>如未能提供全球中介人编号，请选择下列原因 If the Entity does not have a GIIN, please select the following reason</p> <p><input type="checkbox"/> 该机构已向美国国税局注册，但目前未收到全球中介人编号 (W801/ Input GIIN later) The Entity has been registered with the Internal Revenue Service but the GIIN is not yet received</p> <p><input type="checkbox"/> 该机构为认证视为合规的非美国金融机构 (W802) The Entity is a Certified deemed compliant FFI</p> <p><input type="checkbox"/> 该机构为不参与的非美国金融机构 (W803) The Entity is a Non-participating FFI</p> <p><input type="checkbox"/> 该机构为记录拥有人的非美国金融机构 (W804) (注 1) The Entity is an Owner Documented FFI (Note 1)</p> <p><input type="checkbox"/> 该机构为豁免受益人 (W806) The Entity is an Exempt Beneficial Owner</p> <p><input type="checkbox"/> 其他(请列明) Other (Please specify): _____</p>
<p>非金融机构 Non Financial Foreign Entities (NFFE)</p>	<p>该机构为美国以外地区注册或成立之非金融机构 The Entity is a non U.S. entity that is not a financial institution</p> <p>a) 该机构是否被动非美国机构? (注 2) The Entity is a Passive NFFE? (Note 2) <input type="checkbox"/> 是 (请回答 b) <input type="checkbox"/> 否 (W806) Yes (Please answer b) No</p> <p>b) 该机构的控制人是否美国公民或美国居民? 如是，请于下列出该等人士的资料 (注 1, 3) Any controlling person(s) of the entity is a U.S. citizen or resident? If yes, please provide the information of each US controlling person(s) below (Note 1, 3) <input type="checkbox"/> 是 (W807) <input type="checkbox"/> 否 (W806) Yes No</p>

编号 No.	控制人英文姓名 English Name of Controlling Person(s)	美国纳税人编号 US TIN	英文地址 Address in English
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

附录 1 Appendix 1 (注 1) (Note 1)

个人资料披露同意书 - 美国合伙人 Consent to Disclose Personal Information - US partner(s)

本人/我们同意贵公司可使用及披露本人/我们的个人资料(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」) 作载于贵公司最新近的「资料政策通告」上的用途以遵守任何适用法律或规例及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/我们明白如不给予以上同意, 可能会导致贵公司无法向机构提供服务。

I/We consent to the Company using and disclosing my/our 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 “Data Policy Notice” with any applicable law or regulation and 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/We understand that if I/we do not give the above consent, the Company may be prevented from providing the Entity with services.

姓名 (请以正楷填写):

Name (Please complete in Block Letter):

签署:

Signature:

日期 (日/月/年):

Date (DD/ MM / YYYY):

注 1 : 如该机构为合伙商号, 而当中任何合伙人为美国公民或居民, 请该合伙人签署以上附录 1 之同意书。

Note 1: If the Entity is a partnership and any of the partners is/are U.S. citizen or resident, please arrange that partner(s) to sign the Consent under Appendix 1.

注 2: 被动非美国机构指符合以下其中一项条件之机构: (a) 根据该企业去年的财务报表, 其 50% 以上的总收入是利息、股息、租金、外币兑换收益或年金等被动收入; 或 (b) 根据该企业去年的财务报表, 其 50% 以上的总资产是为产生被动收入而持有。

Note 2: Passive NFFE is an entity which satisfies one of the below conditions: (a) More than 50% of the entity’s gross income for the preceding calendar year is passive income including interest, dividend, rental income, foreign exchange gain, annuity; or (b) More than 50% of the entity’s assets held during the preceding calendar year are assets that produce or are held for the production of passive income.

注 3: 控制人指独资经营者、合伙人或任何有能力直接或间接控制该机构的自然人。控制是指拥有 **超过 10%** 该机构股票的投票权或价值。就信托契约而言, 控制人包括信托之授予人, 受托人, 监管人及受益人。

Note 3: Controlling person refers to sole proprietor, partner or any natural person that directly or indirectly controls the Entity. Control refers to the holding of **more than 10%** of the Entity’s interest. For trust deed, controlling person includes settlor, trustee, protector and beneficiary.

第三部份
Part 3

实体/机构类别
Entity Type

在其中一个适当的方格内加上✓号，并提供有关资料。
Tick one of the appropriate boxes and provide the relevant information.

财务机构 Financial Institution	<input type="checkbox"/> 托管机构、存款机构或指明保险公司 Custodial Institution, Depository Institution or Specified Insurance Company <input type="checkbox"/> 投资实体/机构，但不包括由另一财务机构管理(例如：拥有酌情权管理投资实体/机构的资产)并位于非参与税务管辖区的投资实体/机构 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
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主动非财务实体/机构 (如:有实质业务活动的非金融实体/机构) Active NFE (e.g. Non-Financial Institution with Active Business)	<input type="checkbox"/> 该非财务实体/机构的股票经常在_____ (一个具规模证券市场) 进行买卖 NFE the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> _____ 的有关连实体/机构，该有关连实体/机构的股票经常在 _____ (一个具规模证券市场) 进行买卖 Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market <input type="checkbox"/> 政府实体/机构、国际组织、中央银行或由前述的一个或多个实体/机构全权拥有的非财务实体/机构 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"/> 除上述之外的主动非财务实体/机构(请说明: _____) Active NFE other than the above (Please specify: _____)
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被动非财务实体/机构 (如:非实质运营的非金融实体/机构)(注 4) Passive NFE (e.g. Non-Financial Institution with Passive Investment) (Note 4)	<input type="checkbox"/> 位于非参与税务管辖区并由另一财务机构管理的投资实体/机构 Investment entity that is managed by another financial institution and located in a non-participating jurisdiction <input type="checkbox"/> 不属主动非财务实体/机构的非财务实体/机构 NFE that is not an active NFE 请填写所有控股人的姓名在列表内。就法人实体/机构，如行使控制权的并非自然人，控权人会是该法人实体/机构的高级管理人员。 Indicate the name of all controlling person(s) of the account holder 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. 每名控权人须分别填写一份「税务居民身份自我证明表格 – 控权人」 Each controlling person should complete a separate “Self-Certification Form for Tax Residency – Controlling Person” <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">(1)</td><td style="width: 50%; text-align: center;">(6)</td></tr> <tr><td style="text-align: center;">(2)</td><td style="text-align: center;">(7)</td></tr> <tr><td style="text-align: center;">(3)</td><td style="text-align: center;">(8)</td></tr> <tr><td style="text-align: center;">(4)</td><td style="text-align: center;">(9)</td></tr> <tr><td style="text-align: center;">(5)</td><td style="text-align: center;">(10)</td></tr> </table> 注4 : 有关「被动非财务实体」及控股人的释义，请参阅税务局的网页 Note 4 : Please refer to IRD's website for the meanings of terms and expression of Passive NFE and controlling person http://www.ird.gov.hk/chi/ (中文) http://www.ird.gov.hk/eng/ (English)	(1)	(6)	(2)	(7)	(3)	(8)	(4)	(9)	(5)	(10)
(1)	(6)										
(2)	(7)										
(3)	(8)										
(4)	(9)										
(5)	(10)										

第四部份
Part 4

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」)
Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”)

请提供以下资料, 列明(a) 账户持有人的居留司法管辖区, 亦即账户持有人的税务管辖区(香港包括在内)及(b)该居留司法管辖区发给账户持有人的税务编号。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 the account holder is a resident for tax purposes and (b) the account holder's TIN for each jurisdiction indicated. Indicate all (not restricted to ten) jurisdictions of residence.

如果账户持有人是香港税务居民, 税务编号是其香港商业登记号码。

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Business Registration Number.

如果账户持有人并非任何税务管辖区的税务居民 (例如: 它是财政透明实体), 请填写实际管理机构所在的税务管辖区。

If the account holder is not a tax resident in any jurisdiction (e.g. fiscally transparent), please indicate the jurisdiction in which its place of effective management is situated.

如没有提供税务编号, 必须填写合适的理由:

理由 A – 账户持有人的居留司法管辖区并没有向其居民发出税务编号。

理由 B – 账户持有人不能取得税务编号。如选取这一理由, 解释账户持有人不能取得税务编号的原因。

理由 C – 账户持有人毋须提供税务编号。居留司法管辖区的主管机关不需要账户持有人披露税务编号。

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

Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

Reason B – The account holder is unable to obtain a TIN. Explain why it is unable to obtain a TIN if this reason is selected.

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, 无需填写此栏) 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, 须解释账户持有人不能取得税务编号的原因 Explain why it is unable to obtain a TIN if Reason B is selected
(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 : _____

第五部份
Part 5

声明及签署
Declarations and Signature

我们声明就我们所知所信，本表格内所填报的所有资料和声明均属真实、正确和完备。

We declare that the information given and statements made in this form are, to the best of our knowledge and belief, true, correct and complete.

我们同意 贵公司可使用及披露我们的资料 (不论是在上述提供的或由 贵公司于之前或将来获得的)，以遵守任何适用法律或规例及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」)。我们明白如不给予以上同意，可能会导致 贵公司无法向我们提供服务。

We consent to the Company using and disclosing our data (whether provided above or otherwise obtained by the Company previously or in the future) for compliance with any applicable law or regulation and 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”). We understand that the Company may be prevented from providing us with services without the above consent.

我们进一步声明，就我们向 贵公司提供的资料之相关人士(下称「该人士」)，我们获该人士授权确认其同意 贵公司可使用及披露其个人资料 (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」) 作载于 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的承诺。

We further declare that we are duly authorized by the individuals regarding whom we have provided information to the Company (the “Individuals”, each an “Individual”) to confirm that each Individual consents to the Company using and disclosing his/her 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 the Commitment.

我们知悉及同意，中银人寿可根据《税务条例》(香港法例第112章)有关交换财务账户资料的法律条文，(a)收集本表格所载资料并可备存作自动交换财务账户资料用途及(b)把该等资料和关于账户持有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，从而把资料转交到账户持有人的居留司法管辖区的税务当局。

We 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 the account holder 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 the account holder 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).

我们同意 贵公司可按适用的法律、法规、指令和承诺在我们的保单中扣留相关所需的金额款项。

We agree that the Company may withhold from our policy(ies) such amounts as may be required according to applicable laws, regulations, directives and Commitment.

我们承诺，如情况有所改变，以致影响本表格所述的实体/机构及/或个人的税务居民身份，或引致本表格所载的资料不正确，我们会通知中银人寿，并会在情况发生改变后30日内，向中银人寿提交一份已适当更新的自我证明表格。

We undertake to advise BOC Life of any change in circumstances which affects the tax residency status of the entity and/or individual identified in 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.

我们证明，就与本表格相关的所有账户，我们获账户持有人授权签署本表格。

We certify that we are authorized to sign for the account holder of all the account(s) to which this form relates.

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).

本人代表 For and on behalf of _____ (实体/机构名称 Name of Entity)

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: _____

签署日期 (日/月/年): _____
Date (DD/ MM / YYYY): _____