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<https://cs.chinalife.com.hk>

保單編號 Policy No.

自我證明表格 – 個人 (保單服務適用) SELF-CERTIFICATION FORM – INDIVIDUAL (FOR POLICY SERVICE USE)

重要須知 IMPORTANT NOTE

- 這是由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。This is a self-certification form provided by a 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 Finance Services Bureau for transfer to the tax authority of another jurisdiction.
- 如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。A Policyholder should report all changes in his/her tax residency status to the Company.
- 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。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.

A. 個人保單持有人的身份識辨資料 IDENTIFICATION OF INDIVIDUAL POLICYHOLDER

- 保單持有人在我們保單記錄的姓名、身份證明文件號碼、出生日期、出生國家/地、住址、通訊地址(如適用)將被視為閣下的自我證明一部份。如有需要更改通訊地址資料，請另遞交更改持有人通訊地址 / 聯絡電話 / 電郵地址申請表。Policyholder's Name, Identification Document Number, Date of Birth, Country/Place of Birth, Residential Address, and Correspondence Address (if applicable) of our policy records will be considered as your Self-Certification. If you would like to update the correspondence address, please fill in the Change of Owner Address / Telephone Numbers / Email Address) separately.

1	保單持有人的姓名 Name of Policyholder	稱謂 (先生/太太/女士/小姐) Title (Mr/ Mrs/ Ms/ Miss)	
	姓氏 * Last Name or Surname*	名字 * First or Given Name *	中間名 Middle Name(s)

B. 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」)* JURISDICTION OF RESIDENCE AND TAXPAYER IDENTIFICATION NUMBER OR ITS FUNCTIONAL EQUIVALENT ("TIN")

提供以下資料，列明(a)保單持有人的居留司法管轄區，亦即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。如保單持有人是澳門稅務居民，稅務編號是其澳門身份證號碼。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 Policyholder is a **resident for tax purposes** and (b) the Policyholder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If the Policyholder is a tax resident of Macau, the TIN is the Macau Identity Card No. If a TIN is unavailable, provide the appropriate reason A, B or C:

理由A Reason A	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 Policyholder is a resident for tax purposes does not issue TINs to its residents.		
理由B Reason B	保單持有人不能取得稅務編號。如選取這一理由，解釋保單持有人不能取得稅務編號的原因。 The Policyholder is unable to obtain a TIN. Explain why the Policyholder is unable to obtain a TIN if you have selected this reason.		
理由C Reason C	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，解釋保單持有人不能取得稅務編號的原因 Explain why the Policyholder is unable to obtain a TIN if you have selected Reason B
1.			
2.			
3.			
4.			
5.			

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C. 聲明及簽署(請勿在空白表格上簽署) DECLARATIONS & SIGNATURE (Please DO NOT sign on BLANK form)

本人知悉及同意，財務機構可根據第 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)把該等資料和關於保單持有人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，從而把資料轉交到保單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戶，本人是保單持有人 / 本人獲保單持有人授權簽署本表格。

本人承諾，如情況有所改變，以致影響本表格第 A 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 the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyholder and any reportable account(s) may be reported by the financial institution to the Finance Services Bureau of the Government of the Macao Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance Law no. 5/2017 《Exchange of Information Law》.

I certify that I am the Policyholder / I am authorized to sign for the Policyholder 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 individual identified in Part A 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.

保單持有人/授權人簽署 Signature of Policyholder/ Authorized Person		身份* Capacity*							
保單持有人/授權人姓名 Name of Policyholder/ Authorized Person		日期 Date	年 Year		月 Month		日 Day		

*(如果你不是 A 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.)